Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 1 of 373. PageID #: 394210

PSJ14 Janssen Opp Exh 43 – MDL_RWJF_0000001

Additional award documents may be in materials in PIMS for this funding ID.

INDEX TO PRINCIPAL DOCUMENTS

The numbers assigned to each section refers to the tab under which the related documentation is filed. A mark in the box preceding any one section indicates that documentation appears in the folder on the subject outlined. Miscellaneous documentation is contained on the left side of the folder in reverse chronological order.

1.	GIS Forms - #1 Objective & Design
2.	GIS Forms - #3 Grant Outcome
3.	Final Grantee Financial and Narrative Reports (letters of request. transmittal, and acknowledgement; follow-up correspondence; and grantee progress reports)
4.	Interim Grantee Financial and Narrative Report (letters of request, transmittal, and acknowledgement; follow-up correspondence; and grantee progress reports
5.	Grant Action Sheet
6.	Grant Letter (includes Grant Letter Information Sheet)
7	Board Agenda Text, Precis and Board Minutes (resolution)
8.	New Release and Related Press Coverage
9.	Request for Project Support and General Conditions of Grant Form (includes Amendment Form(s); expenditure responsibility forms; and correspondence concerning change(s) in organization, project director, and/or address)
10	. Tax Papers (all documentation and correspondence, including "reliance letter")
11	. Proposal, proposal appendices and supplements, and Cvs of project personnel
12	. Budget (final budget, revisions and correspondence)
13	. Consultant reports, support letters, site visit reports

VIDEOTAPES FOR THIS GRANT CAN BE ACQUIRED FROM THE LIBRARY

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/20 5 of 373. PageID #: 394214

GRANT DESCRIPTION - OBJECTIVES AND DESIGN

ID#: 032037 (OPM Pending Board)

FROM 08/01/97 TO 07/31/00

TERM: 36 MONTHS

TYPE: New

FUNDING CLASS: Ad Hoc

INST: University of Wisconsin-Madison Medical School (Madison, WI)

PRJT: Supporting quality improvement and JCAHO standard setting for

pain management in hospitals

PRJ DIR: June L. Dahl

PO: Rosemary Gibson SO: Robert G. Hughes PA: Linda L. Manning FO: Gail I. Benish

RISK: Low DATE COMPLETED: 07/14/97

\$1,601,991.00

PREPARED BY: LLM

In this grant, the Wisconsin State Cancer Pain Initiative staff at the University of Wisconsin Medical School will provide technical support to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to establish standards for the assessment and treatment of pain in the terminally ill. These standards will be incorporated in the JCAHO's accreditation process. Project staff will simultaneously jump-start a nationwide quality improvement process in pain management in hospitals and other institutions accredited by JCAHO. Project staff will provide technical assistance to cancer pain initiatives in other states that will, in turn, work with providers in their respective states that wish to participate in this voluntary learning opportunity. Foundation funds will be used primarily to support staff at the University of Wisconsin State Cancer Pain Initiative and some staff at the JCAHO, as well as travel expenses and the development of educational materials. June L. Dahl, Ph.D., Chair of the Wisconsin Cancer Pain Initiative, will be the Project Director.

Goals:

Chronic (100%)

Interventions: Convene/Conf(30%), Rsrch & Pol Anal(70%)

Health Service Category:

Caregiver Places/Needs:

Home Care

Long Term Care

Continuum of Care:

Treatment

Hlth Care Delivery System:

Hospitals

Demographics:

Age:

General Public or not Specified

Race/Ethnicity: Sex:

General Population General Population General Population

Segment: Geographic Region:

Other

Urban/Rural Continuum:

Unknown, Not Applicable, or Not Specified Unknown, Not Applicable, or Not Specified

Major City: State:

Unknown, Not Applicable, or Not Specified

07/14/97 02:27:20 gisl.rw



December 12, 2003

June L. Dahl, Ph.D. Professor Department of Pharmacology University of Wisconsin-Madison Medical School 1300 University Avenue, Room 4715 Madison, WI 53706-1510

Reference: I.D. #032037 - Final Narrative Report Received

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

We have received your final narrative report and have forwarded a copy of this report to Rosemary Gibson for her review. If she has any questions or comments, she will contact you directly

This completes your financial reporting obligations with respect to this grant. We are glad we were able to assist you in this important endeavor.

Sincerely,

Sophia Kounelias

Grants Administrator

/SXK

Janice Heisz-Kalvin Rosemary Gibson



RECEIVED by:

November 30, 2003

Sophia Kounelias Financial Analyst The Robert Wood Johnson Foundation Route One and College Road East PO Box 2316 Princeton, NJ 08543-2316

RE: Grant #032037

Dear Ms. Kounelias,

Enclosed please find the final grant narrative, final financial report and final bibliography for the grant, *Making Pain Relief an Integral Part of the Nation's Health Care System* (#032037).

We would like to take this opportunity to thank the Foundation for its continued support of our efforts to improve pain management. The funds you provided enabled us to make a significant impact on pain management practices in a relatively short period of time. Indeed, the support the Foundation has given to pain and palliative care efforts since 1995 has helped shape the nation's current commitment to better control of symptoms of disease.

If you have any questions or concerns pertaining to this report please contact Marty Skemp Brown at 608-265-9173 or mmskemp@wisc.edu.

Sincerely,

Yune L. Dahl, PhD Principal Investigator

June L. Dahl

Department of Pharmacology

FINAL BUDGET REPORT

Making Pain Relief an Integral Part of the Nation's Health Care System

RWJ Grant ID # 032037

August 1, 1997– July 31, 2003

The Robert Wood Johnson Foundation Line Item Budget – Year 6 and Final Budget Report

Grant Period. August 1, 1997 to July 31, 2003

I. Personnel		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	FINAL
June Dahl, PhD	Project Director						\$4,660	
Sandra Ward	Project Assoc			····			\$4,102	
Debra Gordon	Project Assoc						\$8,240	
Marty Skemp	Project Asst			·····			\$6,581	
Sarah Wochos	Project Asst						\$3,616	
Karen Stevenson							\$0	- 10.
Patricia Berry							\$0	
Jason Rasmussen				- TV- dis			\$0	
Fringe			7.7.7				\$5,598	
Personnel Total							\$32,797	
II. Other Dir	rect Costs							
Printing							\$0	
Postage							\$35	
Travel							\$1863	
Meeting Costs							\$266	
	Direct Costs ac Personnel)	\$282,235	\$348,541	\$367,522	\$123,410	\$89,211	\$34,963	\$1,245,882
III. Indirect	Costs	\$25,401	\$31,369	\$33,077	\$11,107	\$9,021	\$3,147	\$113,122
IV. Equipme Contracts	ent and	\$85,499	\$81,264	\$56,526	\$0	\$11,020	\$0	\$234,309
		Year One	Year Two	Year Three	Year Four	Year Five	Year Six	Fina
	TOTALS	\$393,135	\$461,174	\$457,126	\$134,517	\$109,252	\$38,110	\$1,593,313

Budget Narrative - Project Year Six

Grant Period. (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2002 to 1/31/2003)

I. PERSONNEL

Personnel were retained in year six to collect, analyze and report on data related to the POP Project. A total of \$32,104 was approved for year six personnel. We spent \$32,797 on personnel in year six, an overage of \$693. Fringe benefits reflect 33% of base salaries.

I. OTHER DIRECT COSTS

Printing:

A total of \$300 was approved for printing in year six, however we did not spend anything in this category and request that the \$300 be reallocated to personnel in year six.

Postage:

A total of \$350 was approved for postage in year six, however only \$35 was spent on postage. We request that the remaining \$315 be reallocated to personnel in year six.

Travel Costs:

A total of \$7,297 was approved for travel to cover travel and meeting expenses related to the presentation of posters and symposia related to the POP Project. We spent \$2,129 on travel and meeting costs for Debra Gordon to attend the IASP meeting to present the POP poster and for Sarah Wochos to visit Madison to complete work on final data analysis related to the POP project. We ask that \$73 be reallocated to personnel in year six. The remaining \$5,095 is unspent.

III.INDIRECT COSTS

A total of \$3,605 was approved for indirect costs. Actual indirect costs for year six were \$3,147 in year six. The remaining \$458 is unspent.

IV. EQUIPMENT

None requested for this year.

V. CONSULTANTS/CONTRACTUAL AGREEMENTS

None requested for this year.



November 30, 2003

FINAL NARRATIVE REPORT

Making Pain Relief an Integral Part of the Nation's Health Care System RWJ Grant ID # 032037 August 1, 1997— July 31, 2003 Grant Total: \$1,601,990

Department of Pharmacology

- 1. What measurable goals did you set for this project and what indicators did you use to measure your performance? To what extent has your project achieved these goals and levels of performance?
 - A. Develop and implement a process to assure that the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) include the assessment and treatment of pain.
 - 1) This goal was accomplished. New pain standards developed in collaboration with the Standards Department of JCAHO received final approval from the Board of Commissioners of JCAHO on July 30, 1999 and appeared in all of the 2000-2001 accreditation manuals. Few actions have generated as much interest in the field of pain management as the release of pain standards by the Joint Commission. The new standards did not become a formal part of the survey process until January 2001 because JCAHO believed the field needed additional time to prepare for compliance.

The approved standards call upon hospitals, home care agencies, long-term care facilities, long-term care pharmacies, behavioral health facilities, managed behavioral health facilities, outpatient clinics and health plans to:

- Recognize the right of patients to appropriate assessment and management of pain
- o Assess pain in all patients
- Record the results of the assessment in a way that facilitates regular reassessment and follow-up
- o Educate relevant providers in pain assessment and management
- O Determine competency in pain assessment and management during the orientation of all new clinical staff
- Establish policies and procedures that support appropriate prescription or ordering of pain medications
- o Assure that pain does not interfere with participation in rehabilitation
- Educate patients and their families about the importance of effective pain management and include patients' needs for symptom management in the discharge planning process
- o Collect data to monitor the appropriateness and effectiveness of pain management
- 2) Although it was not an original goal of the project, we did engage in activities to assist health care facilities comply with the standards.
- 3) Worked with the Joint Commission's Department of Education to create an extensive educational video for surveyors to familiarize them with the new standards.
- 4) Participated in Pain Summits organized and facilitated by JCAHO at four geographic locations in the United States.

- 5) Provided assistance to health care providers who questioned the survey process itself because some surveyors inappropriately recommended certain pain management practices.
- 6) Facilitated dialog about range orders when a JCAHO staff member suggested that the use of range orders was inappropriate. Range orders are commonly used to provide flexibility in dosing to meet individual patients' needs, as wide variability exists in patients' responses to analgesics. The PI served on a task force of the American Society of Pain Management Nurses that developed a position statement on range orders.
- 7) Gave more than 30 presentations on these standards at national meetings and at individual healthcare facilities.
- 8) Acted as a consultant to groups that have developed monographs to provide examples of best practices to the field.

B. Develop and implement national pain management quality improvement programs.

Building an Institutional Commitment to Pain Management: the Wisconsin Resource Manual (2nd edition), 2000.

Revised and published the second edition of the Wisconsin Resource Manual. This manual is the foundation for the majority of pain management quality improvement programs described below and continues to be a valued resource for health care facilities and professionals. Approximately 2000 copies of the 2nd edition have been sold.

Home health pain management quality improvement programs

The primary goal was to develop and implement a pain management quality improvement program for Wisconsin home health agencies. We modified a model successfully implemented in long-term care facilities by the Palliative Care Program at the Medical College of Wisconsin. The essential elements of the program that combined education and quality improvement included:

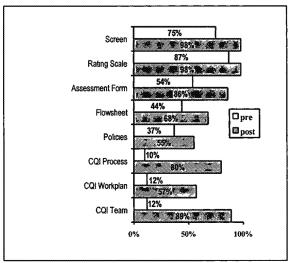
- Recruitment of teams of two to three staff from each of the participating agencies to act as a pain quality improvement team;
- Written commitment from the director of nursing and administrator of each
 participating agency to allow the pain quality improvement teams to participate in
 educational programs and work on projects between programs;
- O Pain management and quality improvement education offered in one full-day and 2 half-day conferences, over a six month period;
- O Site visits before and after the educational conferences by a nurse experienced in pain management and quality improvement;
- o Chart audits and assessment of agency needs and practices.

The number of agencies that participated, changes in system practices, and changes in opioid prescribing measured achievement of the goal. The successful implementation of the program has led to its replication in other states.

• Number of participants:

Twenty-nine agencies in south central and 23 agencies in northwestern Wisconsin participated in concurrent programs that engaged 26% of the 203 home health agencies licensed in Wisconsin at the time of recruitment.

- substantial improvement in system practices, such as initiation of a formal system to screen for pain; adoption of pain rating scales, assessment forms, flow sheets and written pain policies; and formation of pain quality improvement teams.
- Opioid Prescribing: Audits of randomly selected charts showed a significant increase in the percentage that had physician orders for Schedule



II or III opioids: pre-program, an average of 22% of charts had opioid orders; post-program there was an average of 30% (p< 0.01). Thus efforts to effect change at an institutional level had an effect on prescribing practices even though the educational intervention targeted only nursing staff and only 2-3 staff from each agency.

Development of educational videos for home health nurses

The goal was to develop a set of educational videos to facilitate ongoing educational programs for staff of home health agencies.

- Video development: In early 2000, we completed production of a series of seven videos entitled Effective Pain Management Practices in Home Health. Each video was 10-15 minutes long and designed to help viewers develop key skills in pain assessment and management. The topics included pain assessment, common fears and misconceptions about pain and its management, opioid titration, management of neuropathic pain, opioid side effects, patient education and nurse-physician communication. Each video contained a discussion guide, a case study or roleplay, and a post-test.
- Dissemination

Sold most of the 500 copies of each of the seven videos produced under this grant through The Resource Center of the American Alliance of Cancer Pain Initiatives at \$70 per set, an affordable price for small home health agencies.

Created the first e-commerce site within the University of Wisconsin to allow online purchase of the videos and other materials with credit cards. Distributed a significant number of complimentary copies, including 44 video sets to the home health agencies that participated in the Wisconsin practice change program supported by this grant, one set to each of the 10 coordinators of subsequent practice change programs, and 14 sets to seven cancer pain initiatives. Initiatives' receipt of a complimentary copy was contingent on their contacting the state agency responsible for surveying home health agencies, which also received a complimentary copy.

Contacted each state quality improvement organization (QIO) to offer a complimentary set of videos at the outset of the CMS-directed Nursing Home Quality Improvement project; 25 accepted. Four QIOs contracted for special editions of the videos: The Wisconsin QIO Metastar®, the South Dakota Foundation for Medical Care, and Missouri PRO. A total of 451 videotapes, which contained the segments on pain assessment, common misconceptions, opioid titration, and patient education, were sent to them. Tennessee's Center for Healthcare Quality contracted with us for 350 copies of the pain assessment video.

• Evaluation. Respondents to a telephone survey of approximately 10 agencies that had used the videos were universally positive about them. They had become an active part of many pain education efforts. All were using the videos, most used the post-tests, and a minority used the case studies and discussion guides. Most observed that the video content was appropriate for all care settings.

Post-operative pain (POP) management quality improvement project
The goal of the POP Project was to determine whether an intervention designed to
support hospitals in the development of QI efforts would lead to improvements in
structures, processes, and outcomes consistent with recommended guidelines. A
nationwide sample of 233 hospitals joined the project. The intervention consisted of
written resource materials provided as a Project-in-a-Box accompanied by support
services that included an e-mail list server, a resource Web page, and assistance from
project staff via telephone.

Data regarding critical structures, processes (practice patterns), and patient outcomes were collected at baseline before the intervention began and at follow-up 12-18 months later. Results showed a statistically significant increase from baseline (45%) to follow-up (72%) in the presence of structural elements that are critical to improving pain management. There were statistically significant improvements in practices, including documented use of pain rating scales, decreased use of intramuscular opioids, and increased use of nonpharmacologic strategies. Patient survey data showed no change in pain outcomes. Evaluation data showed that 70% of hospitals were very or extremely satisfied with their participation in the POP Project and 90% of them planned to continue efforts to improve pain management after the POP Project ended. Further research is needed to determine how to translate the excellent results obtained for structure and process into meaningful outcomes for patients.

A series of one-hour professional education videos on the management of posrtoperative pain were produced to assist POP hospitals and others implement appropriate post-operative pain management practices. They were made available on-line and are accessible at no cost on the POP web site and can be purchased on CD from the Resource Center of the AACPI. Continuing medical and nursing education credits are offered for an additional \$20 payable to the provider (University of Wisconsin Continuing Medical Education). The topics of the conferences are: Assessment and Management of Acute Pain in Patients with Chemical Dependencies presented by Dr. Thomas Elliott, Pain Management in the Opioid Naïve Patient by Dr. Scott Reuben, and Acute Pain in the Trauma Patient by Dr. Michael Schurr.

2. Did the project encounter internal or external challenges? How were they addressed? Was there something RWJF could have done to assist you?

JCAHO Standards

A number of external challenges were encountered. Many of these relate to the opposition that some in the Joint Commission had to creating standards to address the inadequate treatment of pain. The development of new standards necessitated the following steps:

- 1) approval of the project by the Commissioners of the Joint Commission;
- 2) creation of a document that provided evidence of the need for such new standards;
- 3) approval by the Standards and Survey Process (SSP) Committee;
- 4) approval by the Professional and Technical Advisory Committees (PTAC) that represent the various health care settings accredited by the Joint Commission;
- 5) development of the new standards;
- 6) review and comment of the draft standards by "the field;"
- 7) revision of the draft standards by the Standards Department;
- 8) final approval by the Commissioners;
- 9) publication of the standards in the Standards Manual.

The initial challenge occurred in June 1997 when the proposal to create specific pain standards was presented to the Commissioners. They supported the creation of standards that addressed pain at the end of life, but not standards that addressed all pain. Our collaborator in the Standards Department told us to ignore that proposed limitation and move ahead.

A second major challenge occurred when the Hospital Professional and Technical Advisory Committee (PTAC) considered the proposal. The committee opposed creation of pain standards as they felt that standards should not on a specific issue; otherwise there would be attempts to create standards to address a wide variety of specific healthcare problems. They were also concerned that adoption of specific pain standards would impose additional financial burdens on hospitals. Furthermore, they believed that patient satisfaction data would tell them all they needed to know about the quality of pain management. All of the other PTACs enthusiastically endorsed the project so we moved ahead with the project without endorsement from the Hospital PTAC.

Yet another hurdle occurred when the draft standards were sent out to the field for review. Behavioral health facilities strenuously objected to having such standards imposed on them because they said they did not treat pain. Indeed many may not have staff qualified to manage pain, but they surely have many clients with pain problems. This issue was addressed in the Intent Statement that accompanies the Pain Assessment Standard. Facilities

are required to identify pain in patients; while they are not obligated to treat, they must refer for treatment.

The Foundation was critically important in anticipating opposition within the Joint Commission and in fact suggested support for a position in the Standards Department. That was a brilliant idea because it guaranteed support from the Standards Department whose personnel were critical to the movement of the standards through the process that is required for creation of standards.

We found that pain management advocates enthusiastically embraced the standards because they address the documented barriers to the undertreatment of pain. However, many physicians expressed resentment toward the standards, viewing them as yet another unwelcome intrusion in their practices. Some accused the Joint Commission of practicing medicine and/or forcing physicians to prescribe opioids in cases in which this is not appropriate. One state's medical society introduced a resolution before the House of Delegates of the American Medical Association to rescind the standards. That resolution was not passed; furthermore much of the initial concern of physicians appears to have subsided.

Home Health Pilot Project

This project progressed without any undue challenges.

Home Health Videos Project

We underestimated the time required to develop the videos; they were completed one year after the original target date. Home health agencies that participated in the practice change programs were frustrated by the delay, as they wanted to use the videos while they were enacting their practice changes.

POP Project

The POP Project was originally designed to be a collaboration with the state QIOs. However, due to the CMS-mandated scopes of work at the time, QIOs were unable to make a commitment to work with us on the POP Project. We resolved this problem by working directly with hospitals, doing our own recruiting, developing our own data collection tools and doing the data analysis ourselves.

3. Have there been other sources of support?

None of the work accomplished under this grant would have been possible without the infrastructure provided by the University of Wisconsin Medical School; access to a phone system with complex capability at reduced rates, direct internet connections, technical support and office space for personnel involved in the project.

JCAHO Standards

There were no other sources of support.

Home Health Project

This project was essentially fully funded by RWJ. We received a \$1000 grant from Roxane Laboratories to allow us to have a reunion for the agencies that participated in the program. At the reunion, we presented the results of the data analysis and gave each agency a manual that compiled the tools created by those involved in the project.

Collaborative relationships with the Wisconsin Homecare Organization (WHO) and the State of Wisconsin Bureau of Quality Assurance (BQA) were essential to success of this project. We met with WHO during the planning process and gained their endorsement. After completion of the work, project personnel presented at two annual meetings of WHO. The relationship with the BQA persists to this day. The BQA is responsible for surveying and licensing health care organizations in accordance with CMS regulations. Wisconsin's BQA is fortunate to employ nurse consultants to help home health agencies and long-term care facilities improve their quality of care. They embraced the opportunity to actively participate in our program, and have engaged us in training new surveyors and providing educational materials.

Home Health Videos Project

The University of Wisconsin School of Nursing TV Studio enables production of high-quality videos at a fraction of the cost we would have incurred in the private sector. We have used the proceeds from the video sales to support the cost of student office assistants to maintain the website (http://wiscinfo.doit.wisc.edu/trc/) and to fill and track orders, to pay for reproduction of the original video set after the first 500 produced with funds from this grant were disseminated, and to cover the costs of re-mastering the videos with a new title and into DVD format.

POP Project

To some degree, the POP Project supported itself, as participating hospitals were charged \$250 to participate and receive materials. The impetus for charging facilities was to put at least a minimal monetary "value" on the project materials. Participating hospitals received a \$50 rebate at the end of the project provided they submitted a final project evaluation. Almost half of the hospitals returned evaluation forms.

4. What lessons did you learn from undertaking this project?

JCAHO Standards

We learned not to take no for an answer. We learned how important it is to get "buy-in" from the persons who really get things done within an organization. We learned that once key persons are committed to an idea, they would support a project even in the face of opposition. We learned how critical timing is and that perhaps serendipity played an important role in achieving the major goal of this grant: namely inclusion of pain assessment and management into the JCAHO standards. Representatives of the American Pain Society had approached the Joint Commission a few years before and were told that there was no need for pain standards. Those persons might not have had access to the advocates within the organization that we found essential to accomplishing the goal. That pain management was getting increasing national attention was undoubtedly a factor as well. Furthermore, we might have failed had we approached the Joint Commission in 1999 rather than in 1997 because the

federal government changed its policy regarding reimbursement for home health care services during that time and this had a dramatic effect on the Commission's financial situation and resulted in their postponing any new projects.

Home Health Project

Most agencies that engaged in our pilot program made a reasonable or very strong commitment to the pain quality improvement process; however, there were a few in which there was a drift of administrative attention. The fact that we did not charge a fee for the services provided may have contributed. In subsequent enactments of the project in other states, we require a \$500 payment from each participating organization. Requiring organizations to pay enhances administrative commitment to the process.

Home Health Videos Project

We have learned that writing video scripts is not as simple as we initially assumed. We will allocate more resources to that part of the process if we engage in video production projects in the future. We learned how critical it is to work with a professional, high quality studio. We were fortunate that highly competent service was provided by the University of Wisconsin School of Nursing TV Studio.

POP Project

Only a small percentage of the hospitals that were invited elected to participate in the project and an even smaller percentage provided the baseline and follow-up data that were requested. The participants in this project represent a select group of hospitals, most likely a group highly motivated to improve pain management. It is not likely that the findings can be generalized to other hospitals. It is not possible to disentangle the effects of the intervention from historical changes that could influence structures and processes relevant to pain management. The Joint Commission pain standards have motivated many institutions to pay attention to pain management.

5. What impact do you think the project has had to date? Who can be contacted a few years from now to follow up on the project?

The primary goal of this grant was to integrate pain assessment and management into the standards used to accredit the nation's health care organizations so as to make pain management a priority in the nation's health care system. Few actions have generated as much interest and positive change in the field of pain management as the historic release of pain management standards by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). There is little question that the standards have greatly increased visibility and accountability for pain in over 19,000 health care settings across the U.S. Accredited facilities can no longer ignore pain.

The Joint Commission surveys of accredited facilities have shown high rates of compliance with the pain standards. Most instances of poor compliance result from failure to assess pain appropriately. The much-stated fear that large numbers of healthcare facilities would lose their accreditation due to failure to implement the pain assessment and management standards is not supported by current Joint Commission survey data.

JCAHO Standards

The standards have had an enormous impact to date since accredited health care facilities can no longer ignore pain. As stated earlier, the vast majority of facilities have been found to be in compliance with the standards. There are as yet no data to document the impact that the pain standards have had on patient care.

Home Health Project

The most significant impact of this program is that we were able to formalize and articulate an educational process and tools for pain quality improvement. We have developed coordinators' manuals, data collection methodologies, databases, assessment and consultation tools and educational packages that have allowed coordinators in nine other states to replicate this program with our assistance. It is difficult to determine the long-term impact of the project. However, in the year following completion of the program, Wisconsin BQA surveyors saw a clear positive difference in the pain assessment and management practices of the agencies that participated in our program; this inspired them to survey all agencies in the state on issues related to pain.

The successful implementation of this program allowed us to develop templates, which we have successfully used in programs in nine other states. These programs have provided education and guidance for organizational and practice change to 156 health care organizations, which on any given day serve more than 53,000 patients.

Home Health Videos Project

Our knowledge of the impact of this project comes mainly from the small survey described above. In addition, we have received frequent comments from individuals who have incorporated the videos as a routine part of staff education. The Resource Center of the American Alliance of Cancer Pain Initiatives (608-262-0978) will be able to provide future updates about the dissemination of this tool.

POP Project

It has had an immense direct impact on participating hospitals as they put structures in place that are key elements to institutional change.

What are the post-grant plans for the project if it does not conclude with the grant?

JCAHO Standards

This component of the project has been completed.

Home Health Videos Project

We have re-mastered the videos and eliminated the phrase "in home health" from the title. We have completed production in DVD format that includes all seven video segments. We are developing a marketing plan.

We have also produced the videos in a new case format, which is cheaper to reproduce, and

which compiles the discussion guides, case studies, and posttests into a booklet form which is more visible than our original card format.

6. With a perspective on the entire project, what have been its key publications and national/regional communication activities? Did the project reach its communications goals?

Key publications are listed in the bibliography.

JCAHO Standards

The new JCAHO pain standards were used as a vehicle to bring media and public awareness to the importance of treating pain. The American Alliance of Cancer Pain Initiatives (AACPI) coordinated a highly successful national media relations campaign to publicize the new standards with assistance from the Robert Wood Johnson Foundation, HomeFront Communications, and Burness Communications. The highlights from the media campaign include:

News Print Highlights

Pain management received prominent coverage by the nation's major daily newspapers including *The New York Times, Washington Post*, and *Chicago Tribune*. An Associated Press story appeared prominently in hundreds of daily newspapers throughout the country. In total, there were news stories on pain management and the new standards in approximately 500 newspapers.

National Television Highlights

All major national television news stations ran reports and/or segments about the new JCAHO pain standards and pain management issues including, CNN & CNN Headline News, CBS The Early Show, ABC Good Morning America, NBC Nightly News, and ABC World News Tonight.

Local Television Highlights

The AACPI coordinated a local TV news project with Homefront Communications that resulted in the placement of 250 news stories about pain management and the JCAHO pain standards in over 100 TV markets nationwide. It is estimated that over 10 million viewers watched these news stories. Some of the TV stations relied on representatives of State Cancer Pain Initiatives for local perspectives on the new pain standards.

Magazine Highlights

Health magazine with a circulation exceeding 1.5 million, listed the new JCAHO standards as one of the "Top Ten Medical Advances of 2000". The accompanying article titled "Medical Advance Four - A new priority, pain relief", featured comments from the PI. TIME Magazine

A circulation of *four million* readers included a full-page consumer-oriented article titled, "Feel No Pain – What you need to know about new rules for treating pain at hospitals and other facilities" in its 01/08/01 issue. The article included comments from the PI.

Radio Highlights

National Pubic Radio's *Morning Edition with Bob Edwards*, aired a four-minute report on the JCAHO pain standards, and the *Diane Rehm Show* featured a one-hour call-in program on pain issues for listeners on January 22. Northern California Public Radio (San Francisco)

devoted a one-hour call-in program on the JCAHO pain standards and the treatment of pain that included the PI, as one of the three expert panelists. Wisconsin Public Radio aired a one-hour call-in program on January 29, 2001 featuring the PI and Debra Gordon, a key participant in the POP Project.

Home Health Project

Posters on this project were presented at the 1998 and 1999 meetings of the American Pain Society. The 1999 poster won a Citation Award. Several of the tools developed by the home health agencies that participated in the project were incorporated into the 2nd edition of Building an Institutional Commitment to Pain Management: the Wisconsin Resource Manual.

Home Health Videos Project

The communications activities surrounding this project have largely been in the realm of marketing. This has included a mass mailing, the offer of complimentary copies to the QIOs, and ongoing offers of complimentary copies to leaders in pain management education. We believe that the videos are valuable educational tools and that it is essential continue to build awareness their existence and to foster their use.

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Making Pain Relief an Integral Part of the Nation's Health Care System

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Institutionalizing Pain Management: The Post-Operative Pain Management Quality Improvement Project

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Abstract: Clinical practice and quality improvement (QI) guidelines for acute postoperative pain management have been developed to address the well-documented problem of undertreatment of postoperative pain. The Post-Operative Pain Management Quality Improvement Project (the POP Project) was initiated to determine whether an intervention designed to support hospitals in the development of QI efforts would lead to improvements in structures, processes, and outcomes consistent with recommended guidelines. A nationwide sample of 233 hospitals joined the project. The intervention consisted of written resource materials accompanied by support services that included an e-mail list server, a resource Web page, and assistance from POP Project staff via telephone. Data regarding critical structures, processes (practice patterns), and patient outcomes were collected at baseline before the intervention began and at follow-up 12 to18 months later. Results showed a statistically significant increase from baseline (45%) to follow-up (72%) in the presence of structural elements that are critical to improving pain management. There were statistically significant improvements in practices including documented use of pain rating scales, decreased use of intramuscular opioids, and increased use of nonpharmacologic strategies. Patient survey data showed no change in pain outcomes. Evaluation data showed that 70% of hospitals were very or extremely satisfied with their participation in the POP Project and 90% of them planned to continue efforts to improve pain management after the POP Project ended. Further research is needed to determine how to translate the excellent results obtained for structure and process into meaningful outcomes for patients.

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Key words: Quality improvement, outcomes, postoperative pain.

nrelieved pain is a major, yet avoidable, health problem. Pain of all types is often undertreated despite the availability of effective pharmacologic and nonpharmacologic therapies. An early study showed that 80% of randomly selected hospitalized medical and surgical patients had pain, with 45% of these patients describing it as excruciating. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found a similar incidence of uncontrolled severe pain in hospitalized patients. Since then, other investigators have found in the since t

the-clock, multimodal therapy. The Post-Operative Pain Management Quality Improvement Project (the POP Project) was developed to determine whether an intervention designed to support hospitals in the development of QI efforts would lead to improvements in structures, processes, and outcomes consistent with recommended guidelines.

Background

Unrelieved postoperative pain has adverse physiological effects including delayed return of normal respiratory and gastrointestinal function. 10 Unrelieved pain increases the stress response in a way that affects the immune system, leading to delays in healing.²⁹ Unrelieved acute pain is a risk factor for the development of chronic pain syndromes. 10,22,36 On the other hand, adequate postoperative analgesia is associated with lower cardiopulmonary complications, lower mortality, and reduced costs.²³ In short, numerous studies call attention to the critical importance of effective pain management during the perioperative period. Yet, practice in this arena is far less than optimal. In fact, the American Medical Review Research Center conducted a 3-year multisite study and showed that management of acute postoperative pain was inadequate, eg, pain medications were

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given at inadequate doses at inappropriate dosing intervals.⁴

Given the serious adverse effects of unrelieved acute pain and the evidence that it is not well managed, many educators, clinicians, and professional organizations have dedicated themselves to improving its management. Clinical practice guidelines were developed by the Agency for Healthcare Policy and Research^{2,3} and by the American Society of Anesthesiologists. Soon afterward, the American Pain Society developed QI guidelines for the management of acute and cancer pain. Most recently, the Joint Commission on Accreditation of Healthcare Organizations has published standards that focus on pain assessment and management. So

Hospitals around the country have made efforts to use these guidelines and standards to improve practice. Many have initiated QI projects designed to change institutional structures and practices in ways that will enhance patient outcomes.^{27,37} Unfortunately, relatively few of these projects have been shown to result in improvements. 11 In spite of years of attention to the importance of QI, there are few studies that have shown that such efforts produce better patient outcomes. One of the exceptions is a 2-phase project conducted by MetaStar, the Wisconsin Quality Improvement Organization. In the first phase, Metastar conducted a descriptive study and concluded that few hospitals in Wisconsin had policies and procedures that were compliant with AHCPR guidelines. 16 In the second phase, 15 Wisconsin hospitals participated in a QI project aimed at improving postoperative pain management; there were significant improvements in 5 of 6 quality indicators.35

The Structure-Process-Outcome model first developed by Donabedian¹³ and later adapted by many investigators, including the Medical Outcome Study (MOS) team, 24,34 is a useful heuristic for undertaking and evaluating QI efforts. The term structure refers to enduring characteristics of the clinical setting, including policies, procedures, standards of care, and organizational structure or size. Process refers to actions that take place during clinical care. In other words, process refers to practices or to the actual conduct of clinical care. In the context of pain management, processes include clinician actions such as assessing and documenting pain intensity. Outcomes are the end points of care or patients' responses to care. Pain outcomes can include duration and severity of pain, the extent to which pain interferes with life activities, or patients' satisfaction with the care they receive.

A variety of strategies have been suggested to improve quality of care including education, regulation, market-place competition, payment incentives, and QI. Evidence and experience to date suggest that no one strategy is likely to be successful and that success might be affected by a number of conditions in the clinical setting. Factors associated with successful hospital-based QI initiatives include goals of the effort, administrative support, support among clinicians, design and implementation of the improvement initiative, and use of data to track trends. A Project-in-a-Box (PIB) is an intervention model devel-

oped by state QI organizations that has been found to facilitate improvements in the management of pressure ulcers, acute myocardial infarction, pneumonia, and pneumococcal vaccination rates. 9,15,26,32 A PIB allows for flexibility in tailoring intervention strategies to meet the needs and contextual factors of individual institutions. It is designed to provide participants with all the tools and information necessary to essentially develop and implement a QI project themselves.

Given the persistent problem of unrelieved acute postoperative pain, the development of guidelines and standards intended to improve pain management, the fact that QI can potentially have a beneficial impact, and the suggestion that a PIB intervention is useful, the POP Project was developed. The primary goal of this project was to assist hospitals to establish interdisciplinary QI processes to improve acute postoperative pain management. Another goal was to determine whether a PIB accompanied by support services for the development of QI initiatives could help hospitals change structures, processes (practice patterns), and patient outcomes that are related to pain. In addition, participants' perceptions of the usefulness of various QI efforts, their perceptions of barriers and facilitators to these efforts, and their overall evaluation of the intervention were examined.

Methods

Subjects

Subjects in this project were hospitals. A random number generator was used to select 10 small (less than 200 beds) and 10 large (200 or more beds) hospitals in each of the 50 states. Of these 1000 hospitals, 180 accepted the invitation to join the study, for a response rate of 18%. An additional 53 hospitals heard about the project by word of mouth and asked whether they could join. Thus, 233 hospitals began the study in the spring of 2000. Each hospital was required to designate a site coordinator who led the hospital's POP Project participation. Of the 233 hospitals, 227 (97%) were acute care facilities, 1 was a cancer hospital, 3 (1%) were pediatric facilities, and 2 were physical rehabilitation hospitals. One hundred eighty one (78%) were non-government, not-for-profit facilities, 26 (11%) were government owned, and 25 (11%) were investor-owned for-profit. Of the 233, 105 (45%) were part of a regional or national system and 128 (55%) were not. Only 26 (11%) were part of a managed care or health maintenance organization, 80 (34%) were teaching hospitals, and 23 (10%) were academic medical centers. Other descriptive statistics can be found in Table

The Intervention

The intervention was comprised of multiple components (Fig 1). First, participants were given a self-directed PIB. The box contained the Wisconsin Resource Manual, ¹⁷ a manual delineating a QI process and providing more than 100 examples of clinical tools to assist institutions to develop QI processes; a 56-page site coordinator's manual providing detailed information about ad-

ORIGINAL REPORT/Dahl et al 363

Table 1. Characteristics of All Participating Hospitals and of the Subsets of Hospitals That Provided Data Regarding Structure, Process, Outcomes, and POP Evaluation

	ALL HOSPITALS (N = 233)	Those Providing Structure Data (n = 49)	THOSE PROVIDING PROCESS DATA (N = 56)	THOSE PROVIDING OUTCOME DATA (N = 37)	Those Providing POP EVALUATION (N = 105)
Location			3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	201777720000000000000000000000000000000	
Urban	77 (33%)	18 (37%)	21 (38%)	14 (38%)	32 (21%)
Rural	96 (41%)	21 (43%)	23 (41%)	16 (43%)	51 (49%)
Suburban	58 (25%)	9 (18%)	11 (20%)	6 (16%)	21 (20%)
No answer	2 (1%)	1 (2%)	1 (2%)	1 (3%)	1 (1%)
Number beds				, ,	. ,
1-100	62 (27%)	10 (20%)	9 (16%)	4 (11%)	26 (25%)
101-500	122 (52%)	33 (67%)	33 (59%)	22 (59%)	58 (55%)
501+	20 (9%)	3 (6%)	9 (16%)	4 (11%)	12 (11%)
No answer	1 (<1%)	3 (6%)	5 (9%)	1 (3%)	9 (9%)
Other characteristics					
Acute care	227 (97%)	49 (100%)	55 (98%)	37 (100%)	104 (99%)
Non-government	181 (78%)	40 (82%)	49 (88%)	31 (84%)	88 (84%)
For-profit	26 (11%)	2 (4%)	3 (5%)	3 (8%)	4 (4%)
Belong to	105 (45%)	24 (49%)	29 (52%)	17 (46%)	44 (42%)
national system					
Belong to managed care	26 (11%)	6 (12%)	9 (16%)	5 (14%)	12 (11%)
organization					
Teaching hospital	80 (34%)	21 (43%)	25 (45%)	15 (41%)	40 (38%)

Abbreviation POP, Post-Operative Pain Management Quality Improvement Project

ministrative strategies for project implementation and outcome monitoring guidelines; guidelines for managing acute pain; and a Microsoft Access (Microsoft Corp, Redmond, WA) database with tools and instructions on CD ROM. The other components of the intervention were intended to support participants' use of the materials in the box. These included assistance via telephone and e-mail from POP Project staff, a Web site, and an

e-mail list server for project discussion, questions, and answers.

Instruments

Overview

Four types of data were collected in this project: structure, process, outcome, and project evaluation data. It is

- Building an Institutional Commitment to Pain Management the Wisconsin Resource Manual for Improvement (2000)
- POP Project Site Coordinator's Manual
 - Administrative strategies
 - Outcome monitoring guidelines
 - o Sample QI work plans
 - o Instructions for using the Microsoft® Access database and data collection tools
 - American Pain Society Quality of Care Committee, Quality Improvement Guidelines for the Treatment of Acute and Cancer Pain (1995)
 - o American Society of Anesthesiologists, Practice Guidelines for Acute Pain Management in the Perioperative Setting (1995)
 - Joint Commission, chapters from CAMH Comprehensive Accreditation Manual for Hospitals
- Agency for Health Care Policy and Research, Acute Pain Management in Adults Operative Procedures, Clinical Practice Guideline Quick Reference Guide, 1992
- Agency for Health Care Policy and Research, Acute Pain Management in Infants, Children, and Adolescents Operative and Medical Procedures, 1992
- Agency for Health Care Policy and Research, Pain Control After Surgery, Clinical Practice Guideline Patient Guide, 1992
- American Pain Society, Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain, 4th edition
- Microsoft® Access Database, Data Collection Tools and Instructions (CD ROM)
- 2) Support Services
 - O Web Site http://www.wisc.edu/trc/projects/pop/
 - o Email list serve
 - Assistance from POP Project staff via telephone or email

Figure 1. The intervention

¹⁾ Project-In-A Box

Table 2. The Five Quality Indicators of Post-Operative Pain Management Used in the POP Project

- 1 The intensity of pain is documented with a numeric (eg, 0–10, 0–5) or verbal descriptive (eg, mild-moderate-severe) rating scale
- 2 Pain intensity is documented at frequent intervals
- 3 Pain is treated by a route other than intramuscular
- 4 Pain is treated with regularly administered analgesics, and when possible a balanced (multimodal) approach is used (eg, a combination of regional technique, opioid, and non-opioid)
- 5 Pain is treated with nonpharmacologic interventions in addition to analgesics

Abbreviation POP, Post-Operative Pain Management Quality Improvement Project

critical to note that this project's primary goal was to facilitate the development of improvement practices within institutions and to that end, data collection was intended to help the hospitals in their QI efforts. It was recommended that all hospitals collect data at baseline (before the intervention) and again at follow-up (12 to 18 months later), but it was not required that they share these data with the POP Project team. Because sharing data was optional, the number of hospitals submitting the 4 types of data varied widely.

Structure

A Needs Assessment form was used so that site coordinators could determine the extent to which structural elements important to the success of pain QI were present in their institution. Rather than addressing all possible structural elements in an institution, the Needs Assessment focused on 8 specific structural elements considered by the AHCPR and American Pain Society (APS)²⁻⁵ to be critical, including (1) an interdisciplinary work group examines and reexamines issues and practices of pain management; (2) a standard for pain assessment and documentation assures that pain is recognized and treated promptly; (3) explicit policies and procedures guide the use of specialized techniques for analgesic administration; (4) accountability for pain management is clearly defined; (5) information about analgesics and nonpharmacologic interventions is readily available to clinicians; (6) patients and families are informed about the importance of pain relief; (7) staff have ongoing educational opportunities in pain management; and (8) an ongoing process evaluates the outcomes and works to improve the quality of pain management. Under each of the 8 elements, a number of questions were asked with response options "yes," "no," and "don't know." For each of the 8 elements, the value used in data analysis was the percentage of "yes" responses for that element. The Needs Assessment form was completed and sent to the POP Project team at baseline and again 12 to 18 months later by 49 hospitals.

Process

Processes of care were examined with a Medical Record Audit Tool. The audit tool was developed by the POP Project team, and the content was based on previ-

ous studies and on APS and AHCPR recommendations.5,31,38 Site coordinators were given the Medical Record Audit Tool with an accompanying project-tailored Microsoft Access database. The focus of the audit tool was 5 key indicators of quality postoperative pain management that can be examined through medical record audits alone (Table 2). The indicators were chosen because they tap critically important clinical practices, yet they are relatively easy to obtain from a medical record, while also being objective (not requiring subjective interpretation). Site coordinators were encouraged to collect and analyze these and additional quality indicators at their discretion. The site coordinators were instructed to use the following criteria to select charts for review: charts of patients who had undergone a major surgical procedure, who were not being cared for in an intensive care unit, and who were within 24 to 72 hours after surgery. Each hospital was advised to target 30 patients from each postoperative unit at the beginning of the project and approximately 18 months later Alternatively, they could choose to audit half of the average daily census or follow the formula for determining a representative sample size used for other QI studies. Medical Record Audits were completed and sent to the POP Project team at baseline and between 12 and 18 months later by 56 hospitals.

Outcome

Patient outcome data were collected with a variation of the Patient Satisfaction Survey developed by the APS,6 which in turn includes many items developed by Cleeland and Syrjala¹² in their work on the Brief Pain Inventory. The items on the survey addressed (1) pain intensity (pain worst and least in the last 24 hours and pain now) with ratings on 0 to 10 scales; (2) pain interference with life activities, including general activity, walking, and coughing and deep breathing, with ratings on 0 to 10 scales; and (3) overall satisfaction with pain management on a 1 "very dissatisfied" to 6 "very satisfied" scale. These or similar items have been used in numerous QI efforts.7,28,30,38 In conformity with usual QI practice, each site coordinator was advised to use a convenience sampling strategy to obtain a sample of whatever size they deemed necessary to reflect current pain management practices in their setting. They were advised to invite patients to complete questionnaires if they met the following criteria: had undergone a major surgical procedure, were not being cared for in an intensive care unit, and were 24 to 72 hours after surgery. Patient surveys were completed and sent to the POP Project team at baseline and between 12 and 18 months later by 37 hos-

POP Project Evaluation

Questionnaires were sent to participating hospitals' site coordinators 12 months after they joined the study to ascertain their satisfaction with the project. This evaluation questionnaire included items addressing 5 major issues: (1) perceptions as to whether there were changes in 5 pain indicators as a result of POP Project participa-

ORIGINAL REPORT/Dahl et al 365

Table 3. Mean (Standard Deviation) Percentage of Key Structural Elements Present at Baseline and Follow-up (N = 49)

ELEMENT	BASELINE	FOLLOW-UP	T VALUE	P VALUE	
Interdisciplinary work group	96% (10 55%)	99% (6 34%)	-1 353	182	
Standards for assessment and documentation	43% (24 61%)	77% (14 95%)	-10 126	000	
Policies/procedures for specialized techniques	69% (31 26%)	91% (19 47%)	-5 341	000	
Accountability defined	25% (21 28%)	62% (24 99%)	-11 340	000	
Analgesic information available	38% (28 52%)	75% (20 06%)	-9 726	000	
Patients and families informed	41% (29 99%)	92% (12 90%)	-11 168	000	
Staff education	44% (26 85%)	78% (19 51%)	-8 640	000	
Outcomes evaluated	57% (24 74%)	84% (16 49%)	-7 091	000	
Overall total	45% (14 13%)	72% (9 58%)	-14 783	000	

tion with response options of "improved," "no change," "worse," and "don't know"; (2) whether each of 16 factors was a barrier, a facilitator, or neither in efforts to improve pain management; (3) the usefulness of various intervention components (eg, the Resource Manual) with response options ranging from 0 "not at all useful" to 3 "extremely useful"; (4) the usefulness of 8 QI approaches with response options ranging from 0 "not at all useful" to 3 "extremely useful"; and (5) one item regarding overall satisfaction with the POP Project with response options "not at all," "somewhat," "very," and "extremely." Evaluations were sent in by 105 hospitals.

Procedure

Approval for this project was obtained from the University of Wisconsin—Madison Health Sciences Committee for the Protection of Human Subjects. In January 2000, letters of invitation were sent to the directors of nursing or QI at each of the hospitals. Each participating hospital was required to name a site coordinator and to pay a fee of \$250 to join the project. A reimbursement of \$50 was promised for completion of the POP Project Evaluation. The process of enrolling hospitals in the project and identifying site coordinators was done from January to April 2000. The PIB materials were sent in late May 2000. Beginning in June 2000 the support service components of the intervention were available: assistance via telephone, the Web site, and the e-mail list server.

Data Analysis

Hospital is the unit of analysis in all results that are reported here. For data in which each hospital submitted 1 form (ie, the Needs Assessment form and the POP Project Evaluation form), no data reduction was necessary. Alternatively, data reduction was necessary for the Medical Record Audits and for Patient Satisfaction Surveys because hospitals submitted varying numbers of forms. For example, 56 hospitals submitted Medical Record Audit data at both baseline and follow-up, but the number of audits submitted at baseline ranged from 4 to 329. Therefore, to avoid excessive influence from a setting that submitted a large amount of data and to avoid inflation of type I error, values were averaged across the medical records that were audited at each

hospital so that each hospital contributed 1 data point for each analysis. In like manner, values from patient surveys were averaged across the surveys that were collected at each hospital.

Results

Before examining data regarding changes from baseline to follow-up, we evaluated the extent to which the intervention was actually used by the participants. Materials contained in the PIB included sample QI Work Plans, but these plans were completed by only 75 of the 233 (32%) hospitals at baseline, 47 (20%) at follow-up, and 39 (17%) at both baseline and follow-up. More hospitals used the e-mail list server; there were 165 active members with more than 900 postings. As will be reported in the following paragraphs, a relatively small number of hospitals showed evidence of using important facets of the intervention, including doing a needs assessment, monitoring changes in process by auditing medical records, and monitoring changes in outcomes by surveying patients.

Structure

Turning now to the results, the first consideration was structure. Were there changes in the number of key structural elements that were present at baseline and after the intervention (follow-up)? Forty-nine of the 233 (21%) hospitals completed Needs Assessments at both baseline and follow-up. On average, 45% of the elements were in place before the intervention and 72% were in place after. In fact, for all but 1 of the 8 elements, there were statistically significant increases from baseline to follow-up (Table 3). The only element that did not increase was Element 1 (presence of an interdisciplinary work group), which could not change because of ceiling effects in that the mean was 96% before the intervention was introduced.

Process

The second consideration was process, ie, practice patterns as revealed by Medical Record Audit data. Fifty-six of the 233 (24%) hospitals submitted Medical Record Audit data at both baseline and follow-up. The number of audits they submitted at baseline ranged from 4 to

Table 4. Mean (Standard Deviation) Values for Quality Indicators Obtained From Medical Record Audits at Baseline and Follow-up (n = 56)

INDICATOR/OPERATIONALIZATION	BASELINE	Follow-up	7	P
THE CATON OF ENATIONALIZATION	BASELINE	FOLLOW-UP	VALUE	VALUE
1 Percentage of records in which at least one				
numeric or descriptive pain rating was present				
MD	31% (23 87%)	34% (24 57%)	-0 95	NS
RN	87% (16 41%)	94% (11 87%)	-2 87	006
Mean number of numeric or descriptive pain ratings by nurses in 24 hours	6 5 (5 34)	8 0 (5 23)	-3 39	001
3 Percentage of records with an order for an intramuscular opioid	25% (18 15%)	20% (17 39%)	2 96	005
4 Percentage of records with more than one treatment ordered	66% (16 82%)	69% (18 23%)	-1 39	NS
5 Percentage of records with documented use of a nonpharmacologic approach	32% (21 11%)	39% (30 66%)	-2 24	029

Abbreviation NS, not significant

329 with a mean (standard deviation) of 70 (61.3), and the number at follow-up ranged from 5 to 325 with a mean (standard deviation) of 59 (58.9). This range reflects in part the large range in hospital size from 15 to more than 600 beds and the resultant large differences in the numbers of patients undergoing surgery. The audits revealed statistically significant changes in several quality indicators (Table 4). Indicator 1 "The intensity of pain is documented with a numeric or verbal descriptive rating scale" did not show improvement from baseline to follow-up with respect to physician ratings but improved significantly with respect to nurse ratings. For indicator 2 "Pain intensity is documented at frequent intervals," there was a significant increase from baseline to follow-up with respect to the number of numeric or descriptive ratings documented by nurses. Similarly there was significant improvement for indicator 3 in that the percentage of medical records in which there was an order for an intramuscular opioid decreased after the

Table 5. Mean (Standard Deviation) Patient Outcomes at Baseline and Follow-up (n = 37)

			τ	P
B.	BASELINE	FOLLOW-UP	VALUE	VALUE
Pain intensity*				
Pain now	3 52 (0 75)	3 44 (0 91)	0 64	53
Pain worst	7 52 (1 11)	7 46 (1 16)	0 60	55
Pain least	2 55 (0 65)	2 51 (0 85)	0 33	74
Pain interference*				
General activity	6 12 (0 97)	5 87 (1 28)	1 18	25
Mood	4 44 (0 85)	4 18 (1 16)	1 37	18
Walking	6 00 (0 93)	5 84 (1 19)	0 81	42
Eating	4 43 (1 09)	4 22 (1 24)	1 01	32
Sleeping	4 94 (0 88)	4 69 (1 13)	1 34	19
Cough/deep breath	4 28 (1 27)	4 14 (1 47)	0 80	43
Overall satisfaction with care [†]	4 98 (0 21)	5 05 (0 29)	-1 64	11

^{*}Range 0 to 10

intervention. Indicator 4, relating to the use of regularly scheduled medications and a multimodal approach, did not show improvement. Finally, there was significant improvement for indicator 5 in that the percentage of medical records in which the use of nonpharmacologic approaches was documented increased after the intervention.

Outcome

The next consideration was related to patient outcomes, ie, to patients' responses to the satisfaction surveys. Of the participating hospitals, 37 (16%) submitted both baseline and follow-up patient survey data. The number of surveys they submitted at baseline ranged from 6 to 174 with a mean (standard deviation) of 58 (39.7), and the number at follow-up ranged from 9 to 153 with a mean (standard deviation) of 47 (35.2). There were no significant changes from baseline to follow-up in any of the outcomes assessed on the survey (Table 5). There were no changes in pain intensity, in pain interference with activities (including coughing and deep breathing), or in satisfaction with care received.

Evaluation

Finally, responses to the POP Project Evaluation items were considered. Evaluations were completed by 105 (45%) hospitals. The first area that was evaluated was participants' perceptions of the extent to which participating in the project had had an impact in their hospital. Table 6 reports participants' perceptions regarding changes in certain selected process and outcome indicators. The vast majority of participants reported that process and outcomes had improved in their hospitals. This pattern was seen in all indicators except for physician documentation with pain intensity scales, wherein 61% of participants perceived there to be no change.

The next area of interest in the evaluation was participants' perceptions of factors that had served as facilitators or barriers in their efforts to bring about change. The percentage of hospitals describing each of 16 factors

[†]Range 1 to 6

ORIGINAL REPORT/Dahl et al 367

Table 6. Number of Site Coordinators Believing That Process and Outcome Indicators Improved, Worsened or Did Not Change Between Baseline and Follow-up: "In Your Opinion Have There Been Any Changes as a Result of Your Participation in the POP Project in the Following Areas?" (n = 105)

	No					
INDICATOR	IMPROVED	CHANGE	Worsened	Know		
Pain experienced by patients	71 (68%)	12 (11%)	0	22 (21%)		
Nurses document with scales	89 (85%)	9 (9%)	0	7 (7%)		
MDs document with scales	30 (29%)	64 (61%)	1 (1%)	10 (10%)		
Use intramuscular opioids	57 (54%)	31 (30%)	1 (1%)	16 (15%)		
Regular analgesic administration (around the clock)	49 (47%)	42 (40%)	0	14 (13%)		
Use nonpharmacologic strategies	49 (47%)	42 (40%)	1 (1%)	13 (12%)		
Use multimodal approach	61 (58%)	25 (24%)	0	19 (18%)		

as a barrier, a facilitator, or neither is presented in Table 7. The factors most commonly seen as facilitating QI efforts were the JCAHO standards, administrative support, and the presence of an organization-wide QI philosophy. The most common barriers were staff time to work on QI, resources to collect data, staff turnover, and medical staff interest (or lack thereof) in change. Three factors functioned as both facilitators and barriers. These were the attitude or behavior of an individual, medical staff interest in change, and nursing staff interest in change. Three factors were widely viewed as functioning neither as facilitators nor as barriers. These were reimbursement for medications, reimbursement for care, and change in state legislation.

The next area in the evaluation involved perceptions of usefulness of the components of the intervention, the usefulness of the QI strategies that were recommended, and overall satisfaction with participation in the project. Usefulness ratings for components of the intervention are described in Table 8. The most commonly used components were the Resource Manual, the Needs Assessment form, and the Medical Record Audit Tool. There

was little variation in how useful the components were found to be; most hospitals that used a given component found it to be very or extremely useful. Table 9 reports perceptions of usefulness of QI approaches that were recommended in the intervention materials. Most of the approaches were used by most of the participants. The 3 most used approaches were developing an interdisciplinary work group, analyzing current practice, and providing staff education. The 3 least used approaches were establishing accountability, collecting data to monitor progress, and promising patients quick pain relief. When used, all of the approaches were seen as very or extremely useful by a majority of participants. The last consideration in the evaluation was the overall satisfaction of the participants with the POP Project as a whole. Most participants (77%) were very or extremely satisfied, 20% were somewhat satisfied, 1% were not at all satisfied, and 2% did not respond to the question.

Discussion

The first conclusion that can be drawn from this project is that the PIB intervention was useful in assisting hospi-

Table 7. Number of Site Coordinators Describing Each of 17 Factors as a Barrier, a Facilitator, Neither, or Both (n = 105)

FACTOR	BARRIER	FACILITATOR	Neither	Вотн	M issing
JCAHO standards	2 (2%)	91 (87%)	4 (4%)	5 (5%)	4 (4%)
Change in state legislation	0	23 (22%)	73 (70%)	1 (1%)	8 (8%)
Attitude/behavior of an individual	13 (12%)	30 (29%)	26 (25%)	31 (30%)	5 (5%)
Financial support from institution	10 (10%)	60 (60%)	30 (29%)	2 (2%)	3 (3%)
Administrative support	6 (6%)	82 (78%)	6 (6%)	7 (7%)	4 (4%)
Nursing staff interest in change	12 (11%)	67 (64%)	5 (5%)	18 (17%)	3 (3%)
Medical staff interest in change	38 (36%)	24 (23%)	11 (10%)	28 (27%)	4 (4%)
Pharmacy interest in change	7 (7%)	77 (73%)	14 (13%)	3 (3%)	4 (4%)
Staff time to work on change	52 (50%)	26 (25%)	11 (10%)	10 (10%)	6 (6%)
Organization-wide quality improvement philosophy	3 (3%)	84 (80%)	9 (9%)	6 (6%)	3 (3%)
Staff turnover	41 (40%)	0	53 (50%)	6 (6%)	5 (5%)
Resources to collect data	50 (48%)	33 (31%)	13 (12%)	4 (4%)	5 (5%)
Development of a pain service	12 (11%)	40 (38%)	42 (40%)	4 (4%)	7 (6%)
Availability of analgesics on formulary	19 (18%)	31 (30%)	51 (49%)	1 (1%)	3 (3%)
Reimbursement for care	19 (18%)	3 (3)	79 (75%)	0	4 (4%)
Reimbursement for medication	14 (13%)	4 (4%)	83 (31%)	0	4 (4%)

Abbreviation JCAHO Joint Commission on Accreditation of Healthcare Organizations

Table 8. Number of Site Coordinators Reporting Various Levels of Usefulness of Components of the Intervention (n = 105)

		NOT AT			
COMPONENT	DID NOT USE	ALL USEFUL	Somewhat Useful	VERY USEFUL	Extremely Useful
Resource manual	3 (3%)	0	19 (18%)	37 (35%)	46 (44%)
Suggested administrative strategies	7 (7%)	0	29 (28%)	43 (41%)	26 (25%)
Needs Assessment form	4 (4%)	0	25 (24%)	37 (35%)	39 (37%)
Work plan	13 (12%)	1 (1%)	32 (30%)	28 (27%)	31 (30%)
E-mail list serve	21 (20%)	3 (3%)	21 (20%)	21 (20%)	39 (37%)
Assistance from POP Project staff	21 (20%)	0	24 (25%)	34 (32%)	26 (25%)
Access database	26 (25%)	3 (3%)	24 (23%)	27 (26%)	25 (24%)
Web site	29 (28%)	1 (1%)	27 (26%)	28 (27%)	20 (19%)
Audit tool	7 (7%)	0	20 (19%)	41 (39%)	37 (35%)
Patient Survey tool	24 (23%)	0	18 (17%)	31 (30%)	32 (30%)

Abbreviation POP Post Operative Pain Management Quality Improvement Project

tals to change structures and practices that are important to improving acute postoperative pain management, but there is little evidence that it improved patient outcomes. There were statistically significant and robust improvements from baseline to follow-up with respect to the presence of structural elements considered critical to improved pain management, and there were statistically significant improvements in processes of care that are considered critical indicators of quality, but there were no changes in pain severity, interference, and satisfaction ratings provided by patients. These results are consistent with previous studies that have been unable to link improvements in the processes of care, such as changes in pain assessment, with reduced pain severity.7,28,38 However, the primary goal of the POP Project was achieved in that it facilitated the development of QI processes within hospitals, a first necessary step toward improving patient outcomes

Structure

The changes in structure were not only statistically significant but also very robust. From baseline to follow-up, there was a very substantial increase in the percentage of key elements that were in place, from 45% to 72%. That increase was seen in all 8 elements except the one that

was already near 100% at baseline (presence of an interdisciplinary workgroup). This finding is congruent with the fact that when participating hospitals were asked to identify barriers to and facilitators of change, structural elements were the most commonly identified facilitators.

Process

In contrast to the changes in structural elements, the changes in processes of care were small, albeit statistically significant. Furthermore, changes were not evident in all areas. There were more changes in nursing practice than in medical practice. This finding is congruent with the fact that two thirds of hospitals identified nursing staff interest in change as a facilitator of their efforts to bring about change, but only one quarter identified medical staff interest as a facilitator Indeed, almost half identified lack of medical staff interest as a barrier to change.

Outcome

Even with changes in structure and process, there were no documented changes in patient outcomes. There are several possible explanations for this. First, it might be that pain control really did not improve. It is important to

Table 9. Number of Site Coordinators Reporting Various Levels of Usefulness of Quality Improvement Approaches That Were Recommended in the Intervention (n = 105)

Арркоасн	DID NOT USE	NOT AT ALL USEFUL	Somewhat Useful	VERY USEFUL	Extremely Useful
Developed interdisciplinary working group	2 (2%)	0	12 (11%)	35 (33%)	56 (53%)
Analyzed current practice standard	2 (2%)	0	10 (10%)	45 (43%)	48 (46%)
Articulated a practice standard	10 (10%)	0	23 (22%)	38 (36%)	34 (32%)
Established accountability	22 (21%)	0	28 (27%)	35 (33%)	20 (19%)
Provided analgesic information to clinicians	8 (8%)	2 (2%)	37 (35%)	33 (31%)	25 (24%)
Promised patients quick relief	16 (15%)	1 (1%)	29 (28%)	34 (32%)	25 (24%)
Staff education	3 (3%)	0	25 (24%)	42 (40%)	35 (33%)
Collected data to monitor progress	17 (16%)	1 (1%)	13 (12%)	40 (38%)	34 (32%)

ORIGINAL REPORT/Dahl et al 369

note that although project materials included information on postoperative pain treatment, the main focus of the intervention was on development of structures and processes aimed at improving assessment, education, and quality monitoring. It might be that the intervention was deficient with respect to providing assistance in developing specific treatment protocols to replace outdated or ineffective standing orders. The intervention might not have focused enough on pain management strategies. On the other hand, there might have been changes in patients' pain that were missed because of the inadequacy of the measurement. The outcome measures that were used might not be sufficiently sensitive. Research is urgently needed to develop valid, reliable, and sensitive measures for use in QI studies of pain treatment. Selecting a sensitive measure is a difficult task in OI studies of diverse groups of patients (eg, patients experiencing different surgical procedures) because no single outcome measure is most sensitive across all situations.²⁰ Obviously, a third possible explanation for the lack of change in patients' pain is that either the length of the intervention or the length of the follow-up period was too short. It has been suggested that improvements in quality of care often lag several years behind improvement efforts. 18

Evaluation

The POP Project was highly regarded by participants, with most of them finding all elements of the intervention to be very or extremely helpful. Participants did not have to develop QI materials on their own, which would have been costly in terms of time and other resources. There is no formula for improving pain management, but sharing materials and experiences appears to be helpful and appreciated. Only 75 hospitals submitted baseline Work Plans and only 150 completed the baseline Needs Assessments, suggesting that many hospitals did not use the tools provided in the PIB. However, many might have used the tools internally but did not send data to the POP team. Furthermore, the relatively small number of hospitals submitting Medical Record Audit and Patient Survey data might reflect the fact that many had pain management QI programs in place at the start of the POP Project and were encouraged to continue with longitudinal monitoring rather than use the new project-specific data collection instruments. It is noteworthy that many participants continue to use the list server and Web site.

Several caveats need to be considered when interpreting findings reported in this study. First of all, only a small percentage of invited hospitals elected to participate in the study and an even smaller percentage provided the baseline and follow-up data that were requested. The participants in this project represent a select group of hospitals, most likely a group highly motivated to improve pain management. It is not likely that the findings can be generalized to other hospitals. The

intervention was useful and had a significant impact on a highly motivated group, but it is not clear that such benefits would be noted with other institutions. On the other hand, it should be pointed out that a project of this sort could never be done other than with a select group of willing institutions. In fact, this is why we allowed the 53 additional uninvited hospitals to join. A rather high level of self-selection might be unavoidable in a project that requires a high level of active participation.

It was difficult to operationally define Quality Indicator 4, the indicator that addresses the regular administration of analgesics and the use of multimodal therapy. It is likely that a complex concept such as multimodal therapy can only be operationalized well when a very homogeneous group of patients experiencing the same surgical procedure is studied. Because there are a wide range of individual patient requirements and responses to analgesics and because the relative appropriateness and safety of various treatment combinations differ across patients, the measurement strategy that we used was whether no treatment, one treatment, or more than one type of treatment had been provided. Clearly, this is a simplistic, inadequate measure that does not begin to capture the meaning of the term *multimodal therapy*.

It is not possible to disentangle the effects of the intervention from historical changes that could influence structures and processes relevant to pain management. Specifically, the recent introduction of pain management standards by JCAHO has motivated many institutions to attend to pain management. In fact, it is likely that the presence of the JCAHO standards motivated hospitals to join the POP Project in the first place. Furthermore, in the POP Project evaluation data, the JCAHO standards were the most frequently identified facilitator of QI efforts. It is probable that the changes that occurred in structures and processes were the result of a combined impact from the POP Project and from the JCAHO standards.

In conclusion, significant changes between baseline and follow-up were achieved in structures and care processes that are critical to improving pain management, but patient outcomes did not show a concomitant improvement. It is important that the field move beyond merely improving pain assessment and documentation and into increased implementation of newer and likely more efficacious treatment regimens. To this end, it is critical that reasonable operationalizations of concepts such as multimodal therapy be developed. Finally, long-term surveillance studies are needed to capture the point at which changes in structure and process translate into improved patient outcomes.

Acknowledgments

The authors thank the participating hospitals and site coordinators for their dedication to improving pain management.

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371



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October 7, 2002

Janice Heisz-Kalvin
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University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706



Reference: I.D. #032037 - Acknowledgement of Annual Financial and Narrative Reports

Dear Ms. Heisz-Kalvin:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

We have reviewed your budget revision and extension request for the period August 1, 2002, through January 31, 2003 and approved it through July 31, 2003. Enclosed is a copy of your financial reporting form with your approved budget of \$43,656 for use when reporting expenditures for the above-mentioned period.

Your final financial and narrative reports will be due by August 31, 2003.

We have received your annual narrative report and have forwarded a copy of this report to Rosemary Gibson for her review. If she has any questions or comments, she will contact you directly.

In reviewing your annual financial report, we note that cumulative expenditures as of July 31, 2002, have been \$1,556,321. The Foundation has made payments to date totaling \$1,597,117 leaving you a cash balance of \$40,796. Due to the amount of your cash balance, an additional payment will not be forwarded now. Enclosed for your convenience is a copy of your financial reporting form for the period August 1, 2002, through July 31, 2003, reflecting your approved budget of \$43,656. Please use this form when reporting expenditures.

Office of the Vice President and Treasurer

If I can assist you further, please contact me at 609-627-5844.

Sincerely,

Sophia Kounelias Financial Analyst

/SXK Enclosures

cc: June L. Dahl, Ph.D. Rosemary Gibson



ANNUAL NARRATIVE REPORT YEAR FIVE

Making Pain Relief an Integral Part of the Nation's Health Care System RWJ Grant ID # 032037

Report Period: August 1, 2001 – July 31, 2002

Grant Total: \$1,601,990

September 25, 2002

Submitted by:

June L. Dahl, PhD, Principal Investigator
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1. What measurable goals did you set for this project, and what indicators are you using to measure your performance? To what extent has your project achieved theses goals and levels of performance to date?

JCAHO Pain Standards

The final data from the 2001 Organizational Assessment and Treatment Study were received from the Wisconsin Survey Research Center. The data provide a "snapshot" of the readiness of the field to meet the JCAHO pain standards. The data will be presented in detail in the Final Progress Report for this grant.

Postoperative Pain (POP) Management Quality Improvement Project The Year 5 goals, activities and measurements are listed in Table 1.

Table 1. POP Project Outcome Measures

Maintain the POP list serve and web site.	
POP list serve members as of July 31, 2002	166
Number of list serve postings Year 5	174
Continue to provide resources and assistance to POP participants.	<u> </u>
Hits on online video conferences	1315
Submission of project data by participants	# of Hospitals
Number of participating hospitals	222
Pre Medical Record Audit data	72
Post Medical Record Audit data	59
BOTH pre and post Medical Record Audit data	56
Pre Patient Survey data	55
Post Patient Survey data	42
BOTH pre and post Patient Survey data	37
Initial Work Plan	75
Final Work Plan	47
Initial Needs Assessment	150
Final Needs Assessment	51
BOTH an initial and a Final Needs Assessment	49
Final Project Evaluation	10:

2. Briefly describe any proposed activities that were not completed, the reasons they were not completed and your plans for carrying them out.

JCAHO Pain Standards

Detailed analysis of the data from the survey of accredited health care facilities has not been completed. That analysis should be completed by the end of October; a publication that summarizes the results of the analysis should be submitted before the end of this year.

POP Project

Due to the overwhelming amount of data received from the POP participants, we were granted a 6-month extension of this grant to complete the data analysis and reporting. We are requesting an additional 6-month extension to complete analysis, reporting and presentation of project findings

3. Is there anything else you want to tell RWJF?

The POP Project has not only provided valuable resources for hospitals nationwide, but has provided a mechanism for healthcare professionals to share their successes, ideas and questions about pain management. In addition, the project has provided our office with a widespread, captive and receptive audience of healthcare providers from which we can gather needs assessment information for future pain management improvement projects.

ANNUAL NARRATIVE REPORT YEAR FIVE ANNUAL BIBLIOGRAPHY

Making Pain Relief an Integral Part of the Nation's Health Care System RWJ Grant ID # 032037

Report Period: August 1, 2001 – July 31, 2002

Grant Total: \$1,601,990

September 25, 2002

Materials and Events Produced by Project Staff

Book Chapters

Gordon DB, Dahl JL. Institutionalizing Pain Management: The JCAHO Standards. Submitted for inclusion in Pain Management for Primary Care Clinicians (Lipman AG, editor).

Articles

Dahl JL. The new JCAHO pain standards: Changing the culture of care. AAPM Direct. p 11; Galen Press, 2001.

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How to Meet the JCAHO Pain Standards: A Practical Guide. 2001. Developed from two Interdisciplinary Roundtables, one held in Richmond, VA, the other in St. Louis, MO. The PI chaired the Roundtable in St. Louis, reviewer of the document.

Dahl and Berry also served as consultants on two publications published jointly by the American Pharmaceutical Association and the Joint Commission.

Audiovisual or Computer Software

Postoperative Pain (POP) Management Quality Improvement Project Web Site, www.wisc.edu/trc/projects/pop. Contains references, links, and project information, as well as access to online videoconferences. University of Wisconsin-Madison, Madison, Wisconsin.

Postoperative Pain (POP) Management Quality Improvement Online Vidoeconference Series: Assessment and Management of Acute Pain in Patients with Chemical Dependencies, Pain Management in the Opioid Naive Patient, and Acute Pain in the Trauma Patient, 3 one-hour online videoconferences on pain management in special populations. Madison, WI: 2001.

Print Coverage

"JCAHO Visit an 'Opportunity' to Improve Pain Management," in *Oncology News International*, 10(8), Suppl 4, August 2001.

ANNUAL BUDGET AND BUDGET NARRATIVE REPORT YEAR 5 REQUEST FOR EXTENSION YEAR 6

Making Pain Relief an Integral Part of the Nation's Health Care System

RWJ Grant ID # 032037

Report Period: August 1, 2001 – July 31, 2002

Grant Total: \$1,601,990

September 25, 2002

Submitted by:

June L. Dahl, PhD, Principal Investigator
University of Wisconsin-Madison Medical School
Department of Pharmacology
1300 University Avenue, Room 4720
Madison, WI 53706
(608)265-4012
jldahl@wisc.edu

The Robert Wood Johnson Foundation Line Item Budget - Project Year Five

Grant Period: from August 1, 1997 to July 31, 2002 Budget Period: form August 1, 2001 to July 31, 2002

I. Personnel					
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget
June Dahl	Project Director	12%	\$14,426	(\$365)	\$14,061
Debra Gordon*	Project Associate	20%	\$32,124	(\$8,771)	\$23,353
Sandra Ward*	Project Associate	5%	\$5,358	\$15	\$5,373
Marty Skemp	Program Assistant	37 5%	\$14,846	(\$40)	\$14,806
Sarah Wochos	Program Assistant	25%	\$9,221	(\$2,618)	\$6,603
ТВА	Research Student	15%	\$0	\$0	\$0
Fringe Ben (* Fringe Inclu			\$24,371	(\$3,334)	\$21,037
Subtotal			\$100,346	(\$15,113)	\$85,233

II. Other Direct costs

Office Operations	Approved Amount	Revision Request	Proposed Budget
Supplies	\$0	\$0	\$0
Printing	\$0	\$0	\$0
Telephone	\$0	\$0	\$0
Postage	\$0	\$0	\$0
Service Agreements	\$0	\$0	\$0
Communications	\$0	\$0	\$0
Software	\$0	\$0	\$0
Equipment less than \$5000	\$0	\$0	\$0
Meeting Costs	\$8,020	(\$2,109)	\$5,911
Travel	\$0	\$0	\$0
Subtotal	\$8,020	(\$2,109)	\$5,911
III. Indirect Costs 99	6 \$9,753	(\$1,550)	\$8,203
IV. Equipment	\$0	\$0	\$0
V. Consultant/ Contractual Agreements	\$11,020	\$0	\$11,020
Total	\$129,139	(\$18,772)	\$110,367

Budget Narrative - Project Year Five

Grant Period: (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2001 to 7/31/2002)

I. PERSONNEL

A total of \$85,233 was spent on project personnel salary and fringe benefits. The projected budget amount was \$100,346. We request that the remaining \$16,557 be reallocated to Year 6 personnel.

II. OTHER DIRECT COSTS

Meeting Costs:

A total of \$5,911 was spent on meeting costs. This included: production costs of the online POP videoconferences, supplies, phone, postage and travel for the project. We request a that the remaining \$2,109 be reallocated to personnel, supplies, postage and printing Year 6.

III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$8,203. This is a reduction of \$1,550 due to a reduction in projected overall direct costs in Year 5. We ask that this amount be reallocated to Year 6.

IV. EQUIPMENT

None requested for this year.

IV. CONSULTANTS/CONTRACTUAL AGREEMENTS

Consultants:

A total of \$11,020 was spent on consulting with the Wisconsin Survey Research Center to distribute, collect and analyze the results of a follow-up evaluation of the JCAHO standards.

The Robert Wood Johnson Foundation Line Item Budget - Project Year Six

Grant Period from August 1, 1997 to July 31, 2003 Budget Period. form August 1, 2002 to July 31, 2003

I. Personnel					
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget
June Dahl	Project Director	5%	\$3,202	\$3,202	\$6,404
Debra Gordon*	Project Associate	5%	\$2,044	\$2,044	\$4,088
Sandra Ward*	Project Associate	5%	\$2,789	\$2,789	\$5,578
Marty Skemp	Program Assistant	15%	\$3,067	\$3,679	\$6,746
Sarah Wochos	Program Assistant	10%	\$1,817	\$1,817	\$3,634
TBA	Research Student	0%	\$0	\$0	
Fringe Benefi (* Fringe Included			\$2,628	\$3,026	\$5,654
Subtotal		***************************************	\$15,547	\$16,557	\$32,104

II. Other Direct costs

Office Operations	Approved Amount	Revision Request	Proposed Budget
Supplies	\$0	\$0	\$0
Printing	\$0	\$300	\$300
Telephone	\$0	\$0	\$0
Postage	\$0	\$350	\$350
Service Agreements	\$0	\$0	\$0
Communications	\$0	S0	\$0
Software	S0	\$0	\$0
Equipment less than \$5000	\$0	\$0	\$0
Meeting Costs	\$0	\$0	\$0
Travel	\$7,297	\$0	\$7,297
Subtotal	\$7,297	\$650	\$7,947
III. Indirect Costs 9%	\$2,056	\$1,549	\$3,605
IV. Equipment	\$0	\$0	\$0
V. Consultant/ Contractual Agreements	\$0	\$0	\$0
Total	\$24,900	\$18,756	\$43,656

Budget Narrative - Project Year Six

Grant Period: (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2002 to 1/31/2003)

We request an extension of the grant period to July 31, 2003 in order for personnel to complete any remaining data analysis and reporting and to present the findings at appropriate meetings or conferences.

I. PERSONNEL

We request continued salary coverage for key project personnel to collect, analyze and report on data related to the POP Project. We request \$16,557 from Year 5 be carried over to Year 6 to cover salary for the extension of the grant period. Salaries reflect an increase of 4.2% from Year 5. Fringe benefits reflect 32.5% of base salaries.

II. OTHER DIRECT COSTS

Printing:

We request \$300 be reallocated from Year 5 to Year 6 to cover printing costs of the Final Project Report.

Postage:

We request \$350 be reallocated from Year 5 to Year 6 to cover the cost of mailing the Final Project Report to participants.

Travel Costs:

We request \$7,297 for travel to meetings to cover travel and meeting expenses related to the presentation of posters and symposia related to the POP Project.

IV. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$3,605.

V. EQUIPMENT

None requested for this year.

VI. CONSULTANTS/CONTRACTUAL AGREEMENTS

None requested for this year.





April 30, 2003

Janice Heisz-Kalvin Administrative Officer Research & Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Financial Report Received/No Payment

Dear Ms. Heisz-Kalvin:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that cumulative expenditures as of January 31, 2003, have been \$1,577,312. The Foundation has made payments to date totaling \$1,597,117 leaving you a cash balance as of January 31, 2003, of \$19,805. Due to the amount of your cash balance, an additional payment will not be forwarded now. Enclosed is a copy of the financial reporting form which you should use when reporting expenditures.

If I can assist you further, please contact me at 609-627-5844.

Sincerely,

Sophia Kounelias Financial Analyst

/JPW Enclosure

cc: June L. Dahl, Ph.D./ Rosemary Gibson

Office of the Vice President and Treasurer

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 52 of 373. PageID #: 394261

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 627-6416

FA: SXK PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Janice Heisz-Kalvin (608-263-7057)

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Grant Number: 032037

Budget Period: Aug-01-2002 to Jul-31-2003 Grant Period: Aug-01-1997 to Jul-31-2003

Budget for Year: 6
Revised: Oct-09-2002

EXPENDITURES

	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount	08/02-01/03	02/03-07/03					20002	· « * * * * * * * * * * * * * * * * * *	
PERSONNEL			(1) <u>(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) </u>							
Project Director	6,404	3,169								
Project Associate	4,088	2,103								
Project Associate	5,578	4,573								
Program Assistant	6,746	3,214								
Program Assistant	3,634	1,793								
Fringe Benefits	5,654	2,227								
Personnel Subtotal	32,104	17,079								
OTHER DIRECT COSTS										
Meeting Expenses	0	268								
Printing	300	0								
Postage	350	48								
Travel	7,297	1,863								
Other Direct Subtotal	7,947	2,179								
RECT COSTS	3,605	1,733								
					· · · · · · · · · · · · · · · · · · ·					
Frand Total	43,656	20,991								

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 53 of 373. PageID #: 394262



University of Wisconsin-Madison Graduate School, Research and Sponsored Programs

April 11, 2003

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316

In reply, please refer to UW Acct No. 133-BL70

RE: Grant # 032037

Dear Ms. Kounelias:

Enclosed is the interim financial report for Year 6 on the above-referenced grant for the period August 1, 2002 through January 31, 2003 under the direction of June Dahl in the Department of Pharmacology.

There was a late billing for some meeting expenses that were not included on the annual year 5 financial report that was submitted in September 2002. Those expenses are included on this report.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Many C. Koscielnik
Mary of Koscielniak

Accountant

Enclosure

Cc: Dahl, June - Pharmacology
 Skemp, Mary - Pharmacology
 Medical School Fiscal Services
 File

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O. Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-BL70

FA: SXK PA: JMS PO: RG

Project Director. June L. Dahl (608-262-0978) Fiscal Officer: Robert C. Andresen (608-262-2896) Grantee:

University of Wisconsin-Madison

Grant Number 032037

Budget Period Aug-01-2002 to Jul-31-2003 Grant Period: Aug-01-1997 to Jul-31-2003

Budget for Year: 6
Revised: Oct-09-2002

EXPENDITURES

Revisea: Oct-09-2002		EXPERIE	// / UI/LO			
Item	Approved	Period 1	Period 2	Total	Variance	
	Budget Amount	8/02-01/03	02/03-07/03			
PERSONNEL						
Project Director	6,404 00	3,169.13		3,169.13	3,234.87	
Project Associate	4,088.00	2,103.06		2,103.06	1,984.94	
Project Associate	5,578.00	4,573.27		4,573.27	1,004.73	
Project Assistant	6,746 00	3,214.04		3,214.04	3,531.96	
Project Assistant	3,634.00	1,792.56		1,792.56	1,841.44	
Fringe Benefits	5,654 00	2,226.79		2,226.79	3,427.21	
Personnel Subtotal	32,104 00	17,078.85	-	17,078.85	15,025.15	
OTHER DIRECT COSTS						
Meeting Costs	-	267.50		267.50	(267.50)	
Printing	300 00	•		-	300.00	
Postage	350.00	48.07		48.07	301.93	
Travel	7,297 00	1,863.34		1,863.34	5,433.66	
Other Direct Subtotal	7,947 00	2,178.91	-	2,178.91	5,768.09	
INDIRECT COSTS	3,605.00	1,733.19		1,733.19	1,871.81	
Grand Total	43,656.00	20,990.95	-	20,990.95	22,665.05	

Robert C. Andresen Administrative Officer

Rosert C. Andresen





June 13, 2002

Janice Heisz-Kalvin Administrative Officer Research & Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Transmittal of Next Payment/Request for Information

Dear Ms. Heisz-Kalvin:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that you have overexpended the approved budget category "Cons/contrct Subtotal" by more than 5 percent. We also note that you have overspent approved Personnel line items "Project Director" and "Fringe Benefits" by \$3,115 and \$5,177, respectively. Please submit a letter which explains these overages. In order to continue spending in these areas, you will need to revise your budget. To assist you in preparing your revised budget, we are attaching a copy of our "Grant Budget Revision Guidelines".

Additionally, we note that you have overstated indirect costs. Allowable indirect costs represent nine percent of direct costs reported. Therefore, indirect costs for the period ending January 31, 2002 should have been \$5,212. We have reduced your reported expenses by the \$991 overage. Please adjust your records accordingly.

Cumulative expenditures as of January 31, 2002, have been \$1,520,096. The Foundation has made payments to date totaling \$1,538,274 leaving you a cash balance as of January 31, 2002, of \$18,178. Enclosed with this letter is our check for \$58,843. This check equals your next payment less your cash balance. Also enclosed is your financial reporting form for your use when reporting expenditures.

Office of the Vice President and Treasurer

If I can assist you further, please contact me at 609-627-5844.

Sincerely,

Sophia Kounelias Financial Analyst

/SXR Enclosures

cc: June L. Dahl, Ph.D. Rosemary Gibson \checkmark



<u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

May 24, 2002

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316

In reply, please refer to UW Acct No. 133-BL70

RE: Grant # 032037

Dear Ms. Kounelias:

Enclosed is the interim financial report for year 5 on the above-referenced grant for the period August 1, 2001 through January 31, 2002 under the direction of June Dahl in the Department of Pharmacology.

Dr. Dahl will provide an explanation of the overages in salary, fringes, and consultant and contractual expenses.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C//Koscielniak

Accountant

Enclosure

Cc: Dahl, June – Pharmacology Skemp, Mary - Pharmacology Medical School Fiscal Services

File

FINANCIAL REPORT The Robert Wood Johnson Foundation

P.O. Box 2316 Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-BL70

FA: SXK PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grantee: University of Wisconsin-Madison

Grant Number: 032037

Budget Period: Aug-01-2001 to Jul-31-2002 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 5
Revised: Nov-14-2001

EXPENDITURES

	EXPERIE				
Approved	Period 1	Period 2	Total	Variance	
Budget Amount	8/01-01/02	02/02-07/02			
6,172.00	9,286.87		9,286.87	(3,114.87)	
28,708.00	16,061.72		16,061.72	•	
9,713.00	7,918.18		7,918.18		
8,900.00	4,847.40		4,847.40	· ·	
5,478.00	2,678.63		2,678.63	2,799.37	
3,120.00	-				
7,931.00	13,107 92			• •	
70,022.00	53,900.72		53,900.72	16,121.28	
63,961.00	4,009 08		·	•	
63,961.00	4,009.08		•		
8,000.00	11,020.00		·		
8,000.00	11,020.00		11,020.00	• • •	
12,058.00	6,203.27		6,203.27	5,854.73	
ل و ر	(991)				
154,041.00	75,133.07	-	75,133.07	78,907.93	
	74,147				
	6,172.00 28,708.00 9,713.00 8,900.00 5,478.00 3,120.00 7,931.00 70,022.00 63,961.00 63,961.00 8,000.00 12,058.00	Approved Budget Amount 6,172.00 9,286.87 28,708.00 16,061.72 9,713.00 7,918.18 8,900.00 4,847.40 5,478.00 2,678.63 3,120.00 7,931.00 13,107 92 70,022.00 53,900.72 63,961.00 4,009.08 8,000.00 11,020.00 8,000.00 12,058.00 6,203.27 (99)	Budget Amount 8/01-01/02 02/02-07/02 6,172.00 9,286.87 28,708.00 16,061.72 9,713.00 7,918.18 8,900.00 4,847.40 5,478.00 2,678.63 3,120.00 - 7,931.00 13,107.92 70,022.00 53,900.72 63,961.00 4,009.08 8,000.00 11,020.00 8,000.00 11,020.00 12,058.00 6,203.27 (9;) 154,041.00 75,133.07	Approved Budget Amount Period 1 8/01-01/02 Period 2 02/02-07/02 Total 6,172.00 9,286.87 9,286.87 28,708.00 16,061.72 16,061.72 9,713.00 7,918.18 7,918.18 8,900.00 4,847.40 4,847.40 5,478.00 2,678.63 2,678.63 3,120.00 - 13,107.92 7,931.00 13,107.92 13,107.92 70,022.00 53,900.72 53,900.72 63,961.00 4,009.08 4,009.08 63,961.00 4,009.08 4,009.08 8,000.00 11,020.00 11,020.00 8,000.00 11,020.00 11,020.00 12,058.00 6,203.27 6,203.27 (97) 75,133.07 - 75,133.07	Approved Budget Amount Period 1 8/01-01/02 Period 2 02/02-07/02 Total Variance 6,172.00 9,286.87 3,286.87 (3,114.87) 28,708.00 16,061.72 16,061.72 12,646.28 9,713.00 7,918.18 7,918.18 1,794.82 8,900.00 4,847.40 4,847.40 4,052.60 5,478.00 2,678.63 2,678.63 2,799.37 3,120.00 - - 13,107.92 (5,176.92) 70,022.00 53,900.72 13,107.92 (5,176.92) 70,022.00 53,900.72 53,900.72 16,121.28 63,961.00 4,009.08 4,009.08 59,951.92 8,000.00 11,020.00 11,020.00 (3,020.00) 8,000.00 11,020.00 11,020.00 (3,020.00) 12,058.00 6,203.27 6,203.27 5,854.73 154,041.00 75,133.07 78,907.93

Robert C. Andresen

Administrative Officer

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 627-6416

FA: SXK PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: Janice Heisz-Kalvin (608-263-7057)

Budget Period: Aug-01-2001 to Jul-31-2002

Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 5
Revised: Nov-14-2001

EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount	08/01-01/02	02/02-07/02					nannannannannannaninnasiadarininkainnikkistarioittiistat		
PERSONNEL										
Project Director	6,172	9,287						9,287	-3,115	150
Project Associate	28,708	16,062						16,062	12,646	56
Project Assistant	9,713	7,918						7,918	1,795	82
Project Assistant	8,900	4,847						4,847	4,053	54
Project Associate	5,478	2,679						2,679	2,799	49
Research Student	3,120	0							3,120	0
Fringe Benefits	7,931	13,108						13,108	-5,177	165
Personnel Subtotal	70,022	53,901						53,901	16,121	77
OTHER DIRECT COSTS										
Meeting Costs	63,961	4,009						4,009	59,952	6
Other Direct Subtotal	63,961	4,009						4,009	59,952	6
CONSULTANT/CONTRACTUAL	8,000	11,020						11,020	-3,020	138
Cons/Contrct Subtotal	8,000	11,020						11,020	-3,020	38
INDIRECT COSTS	12,058	6,203						6,203	5,855	51
overage		L 991>								
(5,212	illawal)	24.142	·							
Grand Total	154,041	75,133			38-3-44			75,133	78,908	49

5472 6/12/07

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 627-6416

FA: SXK PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: Janice Heisz-Kalvin (608-263-7057)

Budget Period: Aug-01-2001 to Jul-31-2002 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 5
Revised: Nov-14-2001

EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount	08/01-01/02	02/02-07/02							
PERSONNEL			•							
Project Director	6,172	9,287								
Project Associate	28,708	16,062								
Project Assistant	9,713	7,918								
Project Assistant	8,900	4,847								
Project Associate	5,478	2,679								
Research Student	3,120	0								
Fringe Benefits	7,931	13,108								
Personnel Subtotal	70,022	53,901								
OTHER DIRECT COSTS										
Meeting Costs	63,961	4,009								
Other Direct Subtotal	63,961	4,009								
CONSULTANT/CONTRACTUAL	8,000	11,020								
Cons/Contrct Subtotal	8,000	11,020								
INDIRECT COSTS	12,058	6,203								
Ind Costs Overage		-991								
Grand Total	154,041	74,142								



RY

October 2, 2001

August P. Hackbart
Administrative Officer
Research & Sponsored Programs
University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706

Reference: I.D. #032037 - Acceptance of Annual Financial Report/No payment/Request for Annual Grant Report

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your annual financial report, we note that cumulative expenditures as of July 31, 2001, have been \$1,445,954. The Foundation has made payments to date totaling \$1,475,274 leaving you a cash balance of \$29,320. We will forward your next payment once we receive your annual grant report. Enclosed for your convenience is a copy of your financial reporting form for the period August 1, 2001, through July 31, 2002, reflecting your approved budget of \$101,485. Please use this form when reporting expenditures.

We look forward to receiving your annual grant report by October 13, 2001. If I can assist you further, please contact me at 609-627-5844.

Sincerely,

pphealterius

Sophia Kounelias Financial Analyst

/SXK Enclosure

cc: June L. Dahl, Ph.D. Rosemary Gibson

Office of the Vice President and Treasurer

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 62 of 373. PageID #: 394271

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 627-6416

FA: SXK PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Project Director: June L. Dahl (608-262-0978) Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-2001 to Jul-31-2002 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 5
Revised: Sep-26-2000

EXPENDITURES

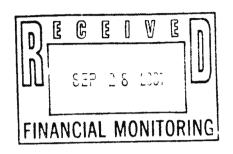
Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance Ct
	Budget Amount	08/01-01/02	02/02-07/02					7.77	
PERSONNEL									
Project Director	6,172								
Project Associate	15,154								
Project Assistant	9,018								
Project Assistant	7,798								
Project Associate	5,478								
Fringe Benefits	7,471								
Personnel Subtotal	51,091								
OTHER DIRECT COSTS									
Meeting Costs	42,015								
Other Direct Subtotal	42,015								
INDIRECT COSTS	8,379								
Grand Total	101,485			17XX112XX112XX112XX11XXX11XXX11XXXXXXXXX	STEEL-VIII-				



<u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

September 24, 2001

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316



In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Kounelias:

Enclosed is the annual financial report for Year 4 on the above-referenced grant for the period February 1, 2001 through July 31, 2001 under the direction of Dr. June Dahl in the Department of Pharmacology.

Dr. Dahl will submit a request to carryover the balance into Year 5 and include rebudgeting for the last year on this grant.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary/C. Koscielniak

aus C Koscielnish

Accountant

Enclosure

Cc: Dahl, June – Pharmacology Berry, Patricia - Pharmacology Medical School Fiscal Services

File

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O. Box 2316 Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-BL70

FA: SXK PA: JMS PO. RG

Project Director: June L. Dahl (608-262-0978) Fiscal Officer: Robert C. Andresen (608-262-2896) Grantee:

University of Wisconsin-Madison

Grant Number: 032037

Budget Period: Aug-01-2000 to Jul-31-2001 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 4

Revised: Sep-26-2000		EXPEND			
Item	Approved	Period 1	Period 2	Total	Variance
	Budget Amount	8/00-01/01	02/01-07/01		
PERSONNEL					
Project Director	11,700 00	8,775 00	8,775 00	17,550 00	(5,850 00)
Project Coordinator	17,691 00	9,337.10	7,371 40	16,708 50	982 50
Project Associate	10,591.00	5,436.58	4,112 75	9,549 33	1,041 67
Project Associate	13,987.00	1,480 00	-	1,480 00	12,507 00
Project Assistant	13,676 00	7,216 64	7,400 22	14,616 86	(940 86)
Project Assistant	11,826 00	6,303 92	6,781 20	13,085 12	(1,259.12)
Project Assistant	5,339.00	2,168 25	2,601 94	4,770 19	568 81
Fringe Benefits	21,282 00	13,233 18	12,017 51	25,250 69	(3,968 69)
Personnel Subtotal	106,092.00	53,950 67	49,060.02	103,010.69	3,081 31
OTHER DIRECT COSTS					
Meeting Expenses	65,535.00	10,544 56	9,855 13	20,399 69	45,135 31
Other Direct Subtotal	65,535.00	10,544 56	9,855 13	20,399.69	45,135.31
INDIRECT COSTS	15,446.00	5,804 57	5,302.30	11,106 87	4,339 13
Grand Total	187,073.00	70,299.80	64,217.45	134,517.25	52,555.75
	,	1	\checkmark		

Robert C Andresen Administrative Officer

Insert Indient



Wisconsi:

April 18, 2001

August P. Hackbart Administrative Officer Research & Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Transmittal of Next Payment

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that cumulative expenditures as of January 31, 2001, have been \$1,381,737. The Foundation has made payments to date totaling \$1,463,266 leaving you a cash balance as of January 31, 2001, of \$81,529. Enclosed with this letter is our check for \$12,008. This check equals your next payment less your cash balance. Also enclosed is your financial reporting form for your use when reporting expenditures.

If I can assist you further, please contact me at 609-627-5844.

Sincerely,

Sophia Kounelias

Sphal revelens

Financial Analyst

/SXK Enclosures

cc: June L. Dahl, Ph.D. Rosemary Gibson

Office of the Vice President and Treasurer

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 66 of 373. PageID #: 394275

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: SXK PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Grant Number: 032037

Budget Period: Aug-01-2000 to Jul-31-2001 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 4 Revised: Sep-26-2000

EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	M-4-3		-
	Budget Amount	08/00-01/01		101104 5	191100 4	rerrog 2	retiod o	Total	Variance	Pct
PERSONNEL										
Project Director	11,700	8,775								
Project Coordinator	17,691	9,337								
Project Associate	10,591	5,437								
Project Associate	13,987	1,480								
Project Assistant	13,676	7,217								
Project Assistant	11,826	6,304								
Program Associate	5,339	2,168								
Fringe Benefits	21,282	13,233								
Personnel Subtotal	106,092	53,951								
OTHER DIRECT COSTS										
Meeting Costs	65,535	10,545								
Other Direct Subtotal	65,535	10,545								
INDIRECT COSTS	15,446	5,805								
Grand Total	187,073	70,301							The state of the s	



<u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

April 4, 2001

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316



In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Kounelias:

Enclosed is the interim financial report for Year 4 on the above-referenced grant for the period August 1, 2000 through January 31, 2001 under the direction of June L. Dahl.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

Hang C. Koscelnick

Accountant

Enclosure

Cc: Dahl, June – Pharmacology Chair - Pharmacology

Medical School Fiscal Services

File

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O. Box 2316 Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-BL70

FA: SXK PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grantee:

University of Wisconsin-Madison

Grant Number: 032037

Budget Period. Aug-01-2000 to Jul-31-2001 Grant Period Aug-01-1997 to Jul-31-2002

Budget for Year: 4
Revised: Sep-26-2000

EXPENDITURES

Revised. Sep-ZU-ZUUU		EAPENL				
Item	Approved	Period 1	Period 2	Total	Variance	
	Budget Amount	8/00-01/01	02/01-07/01			
PERSONNEL						
Project Director	11,700 00	8,775.00		8,775.00	2,925.00	
Project Coordinator	17,691.00	9,337.10		9,337.10	8,353.90	
Project Associate	10,591.00	5,436.58		5,436.58	5,154.42	
Project Associate	13,987.00	1,480.00		1,480.00	12,507 00	
Project Assistant	13,676.00	7,216.64		7,216.64	6,459 36	
Project Assistant	11,826.00	6,303.92		6,303.92	5,522 08	
Project Assistant	5,339.00	2,168 25		2,168.25	3,170 75	
Fringe Benefits	21,282 00	13,233.18		13,233.18	8,048 82	
Personnel Subtotal	106,092.00	53,950 67		53,950.67	52,141.33	
OTHER DIRECT COSTS						
Meeting Expenses	65,535.00	10,544.56		10,544.56	54,990.44	
Other Direct Subtotal	65,535.00	10,544.56		10,544.56	54,990.44	
INDIRECT COSTS	15,446.00	5,804.57		5,804.57	9,641.43	
Grand Total	187,073.00	70,299.80	•	70,299.80	116,773.20	

Robert C. Andresen Administrative Officer



4

October 4, 2000

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510



Reference: I.D. #032037 - Approval of Budget Revisions

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

We have received your annual progress report and have forwarded a copy of this report to Rosemary Gibson for her review. If she has any questions or comments, she will contact you directly.

After reviewing your proposed budget revision request with Rosemary Gibson, we are approving your revised budget for year 04 and year 05. Enclosed are the revised financial reporting forms reflecting your approved budgets for years 04 and 05 of \$187,073 and \$101,485, respectively. This form should be used when reporting expenditures for this period.

If I can assist you further, please contact me at 609-243-5844.

Sincerely,

Sophia Kounelias Financial Analyst

/SXK

Enclosure

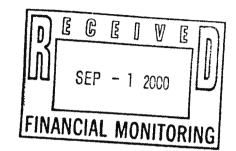
cc: August P. Hackbart Rosemary Gibson

Office of the Vice President and Treasurer



August 31, 2000

Joseph-Wechselberger Sophia Kounelias
Finance Department
The Robert Wood Johnson Foundation
Route One and College Road East
Princeton, NJ 08543-2316



Reference ID #032037 - Grant Report and Revision Request

Dear Mr. Wechselberger,

Enclosed you will find the annual report for Year 3, as well as a revised budget and explanation for Years 4 and 5 of the project cited above.

We are very pleased to report the successful completion of several projects in Year 3: approval of the new JCAHO pain management standards, completion of the home care video series, and the kickoff of the Post-operative Pain (POP) Management Quality Improvement Project for hospitals. The budget revisions will reflect the change in timeline and projected expenses related to the POP project for Years 4 and 5. Please note that we are requesting a revision that involves extension of the timeline in Year 5 from 6 to 12 months.

We feel that in Year 3 we made significant progress in our effort to make pain management a priority in the health care system. We look forward to continuing our work in the coming years.

If you have any questions regarding this report, please contact Marty Skemp, Grants Manager at (608) 265-9173 or mmskemp@facstaff.wisc.edu.

Sincerely,

June L. Dahl, PhD Principle Investigator

cc: Rosemary Gibson August Hackbart

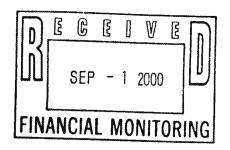
Department of Pharmacology

ANNUAL PROGRESS REPORT: INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation project to

Make Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

8/1/97 - 7/31/02 Grant #032037



Submitted by

June L. Dahl, PhD

Professor of Pharmacology

Director of the Resource Center for State Cancer Pain Initiatives

The University of Wisconsin Medical School
Madison, WI
September 2000

TABLE OF CONTENTS

I.	C	DBJECTIVES AND ACCOMPLISHMENTS
A	۱.	PROJECT OBJECTIVES
E	3.	PROJECT ACCOMPLISHMENTS4
	1	JCAHO Standards Revisions 4
	2	QIO/HCFA Project 4
	3	B Home Care Project 7
	4	Video Project 7
II.	I	NTERNAL PROBLEMS9
III.	F	EXTERNAL PROBLEMS AND SUCCESSES11
IV.	F	RELATIONSHIPS WITH OTHER ORGANIZATIONS11
v.	Ι	DISSEMINATION ACTIVITIES DURING THE PAST YEAR12
VI.	(OTHER SOURCES OF SUPPORT12
VII		PLANS FOR THE COMING YEAR12
A	١.	JCAHO STANDARDS
I	3	POP PROJECT
(2	HOME CARE PROJECT
I)	VIDEO PROJECT
VII	I.	FOUNDATION'S ROLE
IX.		BIBLIOGRAPHY16
X.		APPENDICES

ANNUAL PROGRESS REPORT:

INSTITUTIONALIZING PAIN MANAGEMENT

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

I. Objectives and Accomplishments

What were the project's objectives and how has the project met them in this year?

A. Project Objectives

The project originally had two major goals:

1. Development and implementation of a process to assure that the standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

The Standards Department of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) expressed support for a collaborative project to integrate pain assessment and treatment for all patients into the Joint Commission standards, intent statements, scoring guidelines and survey process questions. This presents us with a rare opportunity to improve pain management in hospitals and other health care facilities throughout the United States.

The Joint Commission's mission is to improve the quality of care provided to the public by offering health care accreditation and related services that support performance improvement in health care organizations. According to JCAHO documents, "the Joint Commission has comprehensive quality review programs for hospitals, health plans, home care agencies, laboratories, behavioral health care settings, long term care facilities, ambulatory care clinics, and networks of services that can, and often do, serve as an alternative to state and federal inspection of these organizations. In fact, the Joint Commission's Hospital, Home Care, and Laboratory Accreditation Programs are recognized by the federal Health Care Financing Administration (HCFA) as meeting or exceeding the federal quality standards for these organizations. Thus many of these organizations are able to use their Joint Commission accreditation to obtain Medicare certification through a process known as 'deemed status.' Similar reliance for licensure purposes exists for hospitals and other types of provider organizations in most states."

2. Development and implementation of national pain management quality improvement programs

At the same time that the process for revision of the JCAHO standards was being implemented, we proposed to initiate national pain management quality improvement efforts. Since the Joint Commission accredits 80% of the nation's hospitals which have 98% of the licensed beds, revised standards should be powerful forces for change in pain management practices in these settings. We proposed to reach hospitals by working in

collaboration with the HCFA supported state peer review organizations (PROs). We also proposed to implement programs specifically designed to meet the needs of patients being cared for by home care agencies. Although a relatively small percentage of these are JCAHO accredited, those in Wisconsin had shown a strong commitment to improving pain management practices.

All of the pain management quality improvement programs were planned to contain the essential elements of the model programs that project personnel have successfully conducted in Wisconsin and other states. These include NCI-funded Cancer Pain Role Model programs, 34 of which have been conducted over the past 7 years, 3 in Wisconsin and 31 in other states, and a cooperative quality improvement project with MetaStar (formerly the Wisconsin Peer Review Organization) which was directed at improving acute post-operative pain management in 22 Wisconsin hospitals.

The Wisconsin Resource Manual for Improvement, which was published in 1996 by the Wisconsin Cancer Pain Initiative, was proposed to serve as the "text" for the proposed quality improvement programs. It provides a step-by-step process as well as the necessary tools for clinicians and administrators to make pain management a priority in their settings.

We also proposed to create sets of educational videos that would be made available at cost to facilitate ongoing educational/orientation/refresher programs for agency staff.

B. Project Accomplishments

1. JCAHO Standards Revisions

The first major goal of the project has been accomplished. The new pain standards developed in collaboration with the Standards Department of JCAHO received final approval from the Board of Commissioners of JCAHO on July 30, 1999 and appear in all of the 2000-2001 accreditation manuals. The new standards will not be scored until January 1, 2001 because of concerns about the potential burden these standards would place on the healthcare field and a desire to give organizations ample time to ready themselves for compliance.

A pre-evaluation of readiness of healthcare agencies was conducted in Spring 1999. Due to the delay in scoring of the standards until 2001, the post-evaluation has been postponed until Spring 2001.

The approved standards call upon hospitals, home care agencies, long-term care facilities, long-term care pharmacies, behavioral health facilities, managed behavioral health facilities, outpatient clinics and health plans to:

- recognize the right of patients to appropriate assessment and management of pain
- assess pain in all patients
- record the results of the assessment in a way that facilitates regular reassessment and follow-up
- educate relevant providers in pain assessment and management
- determine competency in pain assessment and management during the orientation of all new clinical staff

- establish policies and procedures which support appropriate prescription or ordering of pain medications
- assure that pain does not interfere with participation in rehabilitation
- educate patients and their families about the importance of effective pain management and include patients' needs for symptom management in the discharge planning process
- collect data to monitor the appropriateness and effectiveness of pain management

We have responded to numerous calls for information about the new standards from healthcare professionals in a variety of clinical settings. Since the approval of the standards, we have maintained a close dialog with the Standards Department of the Joint Commission so that these questions are answered in a manner consistent with JCAHO policy. Also, as a result of the implementation of the standards, we worked with the Joint Commission's Department of Education to create an extensive educational video for surveyors and assist accredited healthcare organizations and healthcare professionals from all disciplines tobecome familiar with the new pain standards and assess their readiness to conform to them (see POP project). The accomplishments for Year 3 of the grant are summarized in the table below.

Accomplishments on Revisions of the JCAHO Standards - Year

July 30, 1999: The Board of Commissioners gave its final approval of the new standards.

August 2, 1999: New standards are posted on the JCAHO website.

September-October 1999: Worked with the Educational Department of the Joint Commission to develop an educational video for surveyors. Prepared the script and consulted at filmings at 5 "best practice" sites.

Spring 2000: Represented the American Pain Society(APS) on the Planning Committee for two Pain Summits sponsored jointly by APS and JCAHO. Assisted with development of JCAHO publication, *Pain Assessment and Management An Organizational Approach*, distributed at the JCAHO Pain Summit.

March 2000: Participated in a Joint Commission Satellite Network (JCSN) broadcast to the field

March 2000: Published the 2nd edition of the Resource Manual: Building an Institutional Commitment to Pain Management to assist organizations to meet the standards.

May 22, July 31, 2000: Participated in Pain Summits sponsored by the APS and JCAHO

July 2000: Edited Proceedings of the May Pain Summit in Chicago, IL.

In addition, several presentations were given on the JCAHO standards and what they mean for healthcare organizations. A total of 96 podium and poster presentations were given by Drs. Dahl and Berry in year three. Year four will see additional presentations as well as concentration on media and public relations surrounding the impact of the new standards and marketing of resources for institutions to assist in meeting those standards.

2. Post-Operative Pain Management Quality Improvement Project (Formerly QIO/HCFA Project)

In the summer of 1998, the Health Care Financing Administration (HCFA) reviewed the activities of the state peer review organizations (PROs) and developed a new approach to project implementation. HCFA established 6 core "scopes of work" and 2 local, or "special" projects for all PROs. However, HCFA delayed awarding the first round of project contracts to the PROs until August 1, 1999.

In the fall of 1998 (Year 2), we concluded that it would be very difficult for the PROs to take on the additional work we were proposing, in light of their mandated 6 "scopes of work." At this time we decided to explore alternative avenues for the dissemination of our project and spoke with the American Hospital Association about collaboration for the purpose of recruiting hospitals. Unfortunately, due to reorganization and prioritization issues, this was not an ideal time for a project of this scope.

Soon after our discussions with AHA were curtailed, we heard from David Schulke, Executive Director of the American Health Quality Association (AHQA), who encouraged us to once again try to recruit individual PROs to participate. After a meeting at HCFA headquarters in April 1999, and discussions with several PROs, we once again decided that working with PROs was not feasible

With the final approval of JCAHO standards in July 1999, we anticipate an even greater interest on the part of hospitals for pain management quality improvement education. In fall of 1999 we decided to take the recruitment of hospitals for the POP project into our own hands. With the approval of the new JCAHO standards, the field was anxious for resources to assist them to meet the new standards and improve pain management in their institutions.

At this time we developed the Post-Operative Pain (POP) Management Quality Improvement Project. Details of the process are outlined on the next page:

Accomplishments on the Post-Operative Pain Management Quality Improvement Project

October, 1999: Created a POP Project Team including a physician, clinical nurse specialist, nurse researcher, project director, project coordinator and database coordinator to develop the POP project materials.

November, 1999: Developed a brochure/invitation for recruitment of hospitals to participate in the POP project. Began development of Access database to be included in the Manual and POP project materials.

November-May, 1999: Developed content of project materials, including revision the second edition of the Wisconsin Resource Manual: Building An Institutional Commitment to Pain Management The POP "Project-In-A-Box" consists of the following: 1) Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual, 2nd edition, " containing over 100 tools and resources to institute practice change in pain management; 2) Site Coordinators's Manual, outlining the scope of the project and providing information to assist project leaders in recruitment, implementation, and data collection and analysis; and 3) Microsoft Access® Database File and Instructions, on CD ROM with an Access® database file for recording, storing and reporting data as well as electronic copies of the Resource Manual Tools (e.g., Patient Survey and Medica Record Audit Tool, etc.).

December, 1999: Randomly selected 1000 hospitals from the *AHA Guide to Hospitals*, 10 large (>200 beds) and 10 small (200 or fewer beds) from each of the 50 states.

January, 2000: Mailed the brochure/invitation to 1000 randomly selected hospitals across the United States.

February, 2000: Email sent from AHA to state associations informing them of POP project.

May, 2000: Completed project materials, including publication of the Wisconsin Resource Manual. Assembled Projects-In-A-Box. Mailed 239 project boxes to site coordinators at participating hospitals.

June-July, 2000: Developed and incorporated: 1) a POP web site with contact information, project description, Q&A, resources and links, and 2) a moderated POP list serve for participants and POP team members to share resources and ideas and ask questions. Corresponded regularly with project team members and POP participants. Received the first of the Initial Needs Assessments and Work Plans from participants.

3. Home Care Project

In Year 2, we completed the implementation of this pilot program in accordance with the original timeline. The third and final educational session was held in October 1998. In the remaining months of Year 2, we collated the data and started an analysis of the program's impact. In Year 3, we completed data analysis, and presented the final analysis in a poster, which won a citation at the American Pain Society meeting in Fort Lauderdale in October 1999.

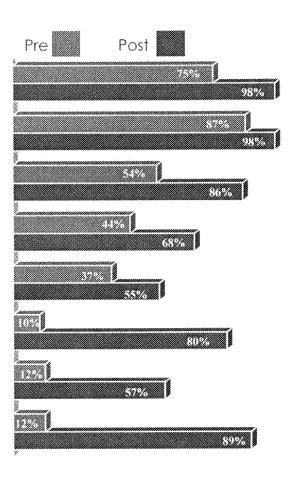
Summary of Impact

The positive impact of the program was shown in two major areas: 1) statistically significant improvements in overall agency practices, and 2) a statistically significant increase in physician ordering of opioids. These results came from an analysis of the needs assessments, which each participating agency team completed at the first educational session and before the final site visit, and pre and post program patient chart audits, which consisted of 2 sets of 10 randomly selected charts from each participating agency.

a) Agency Assessment

A nurse expert in pain management visited each home health agency before and after the educational sessions, and performed an Agency Assessment. The table and graph below represents the percentages of the forty-four agencies that completed the project. The changes in agency practices were all positive, and all but one was statistically significant: the identification of a pain rating scale, due to the fact that most agencies had identification of a pain rating scale prior to start of the program.

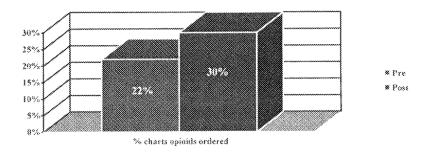
p	
.002	Documentation system screens for pain
NS	Rating scale identified
.003	Pain assessment: separate form or integrated into intake assessment
.001	Pain management: separate flowsheet or integrated into visit reports
.02	Written pain policies in place
.000	Collect pain CQI data & give feedback to staff
.000	Pain CQI workplan developed
.000	Functioning Pain CQI team



b) Chart Audits

At the start and conclusion of the program, each agency was required to submit 10 randomly selected chart audits from their active patients. If the agency was jointly certified in home health and hospice, they were instructed to audit only the charts of home health patients.

Last year, we reported on the frequency of pain in home health patients (56% of patients had pain, approximately one-half of which is moderate to severe), and that at the conclusion of the program nurses were doing follow-up assessment and intervention on 85% of the patients with moderate to severe pain. In this past year, we completed data analysis on physician ordering patterns. There was a significant increase in physician ordering of opioids in the post program chart audits compared to the preprogram audits. This was particularly striking in view of the fact that the chart were randomly selected, and that we had provided direct education to only two or three staff members in agencies in which there are generally 5-10 or more nurses. Thus, the chart audits reflected the care of patients by nurses who did not receive direct education from our program. This strongly suggests that the efforts to guide the agencies to implement positive system change had an impact.



The average number of charts in each agency with opioid orders* increased from 22% to 30% (p< .01)

*exclusive of propoxyphene

4. Video Project

We completed the video set *Effective Pain Management Practices in Home Health* and began distribution in July 2000. We are in the process of sending copies to the agencies that completed the home health project described above, and plan to follow up with an evaluation of use and impact in six months.

The video titles and objectives are:

- 1. Pain assessment: simplifying the complex
 - assess the location, intensity, quality, and impact of pain
 - differentiate among somatic, visceral, and neuropathic pain.
 - obtain a patient's history of pain management
 - determine a patient's pain relief goal
- 2. Patient's fears and misconceptions about pain and opioids
 - list the common concerns and misconceptions about pain and opioids.
 - list the correct facts about pain and opioids.
 - provide education to patients who are afraid of or misunderstand pain relief or using opioids
- 3. "That extra pain medicine didn't help!"

What to do when your patient is getting opioids, but is still in pain

- articulate three principles that guide opioid titration.
- articulate three principles that guide decisions about dosing of opioids for breakthrough pain.
- recommend appropriate scheduled and prn opioid dose increases for patients with unrelieved pain.
- identify alternatives for patients with pain unrelieved by maximal doses of acetaminophen/opioid combination drugs
- 4. "It isn't pain...exactly"

Treatment of neuropathic pain

- describe the characteristics of neuropathic pain
- identify the medications that may help to relieve neuropathic pain.
- institute appropriate nursing monitoring and follow-up care for the patient with neuropathic pain.
- provide education for the patient with neuropathic pain
- 5. Managing opioid side effects
 - list the most common opioid side effects
 - discuss at least two general principles of side effect management
 - · develop a plan to manage constipation and nausea
- 6. Pain management education for patients and families
 - discuss at least three principles of patient and family education
 - outline content to cover when teaching patients and families about pain management
 - prioritize educational content according to the patient's and family's needs and readiness to learn.
- 7. How to talk to doctors about pain management
 - identify the key components of a pain assessment that nurses should communicate to physicians
 - articulate the factors that guide the formulation of a pain management plan.
 - communicate in a professional manner with physicians on pain management issues.

To help home health agencies utilize these videos for continuing education, we included three inserts with each video: a discussion guide, a case study or role play, and post test questions. These are also available on line at www.wisc.edu.trc/videoguide.

We market these videos for \$12 each or \$70 for the set of seven. We chose these prices to allow for maximum accessibility but also to allow us to cover our costs of dissemination.

II. Internal Problems

What internal challenges were encountered during this year that are related to the project's design, collaborations, staffing, operations, or other project factors?

The major internal problem for us in the past year was lackof adequate support staff and very limited working space.

III. External Problems and Successes

What challenges or successes were caused by factors external to the project?

The approval of the JCAHO's new pain standards was a great success. This has and will continue to create a demand in the field for pain management educational and quality improvement resources. At first, the delay of the standards implementation seemed problematic. The year between the standards being approved and implemented has given us the opportunity to assist the JCAHO with surveyor and field education, including the JCAHO Pain Summits. We continue to maintain a positive collegial relationship with the JCAHO staff and look forward to assisting with media efforts and communications surrounding the implementation of the standards in 2001.

Changes in HCFA's mandates for peer review organizations temporarily derailed the plan for the POP project, however in retrospect, working with the AHA and recruiting hospitals ourselves was appropriate. We developed a good relationship with American Hospital Association (AHA), which provided a mechanism for promoting the POP project.

The Wisconsin Survey Research Lab (WSRL) will close its doors at the end of September 2000, forcing us to do the majority of the JCAHO standards post evaluation from our own office. The WSRL is assisting us in drawing the sample of organizations to be surveyed and setting up the necessary databases and tracking systems. A member of the WSRL staff will remain employed by the University and will be available for any additional assistance once they officially close.

The video production studio of the University of Wisconsin School of Nursing experienced a significant staffing shortage in 1999, which delayed the final production of the videos by several months. However, we are pleased with the final quality of their work.

IV. Relationships With Other Organizations

If you are worked in collaboration with other organizations, or depended on other organizations or institutions to meet the objectives of this project, how did those relationships work?

The collaboration with the Standards Department of the JCAHO has – and continues to – work extremely well. They have been supportive of our efforts and served to insulate us from the vagaries of a large bureaucracy.

The strong network of the State Cancer Pain Initiatives and the American Alliance of Cancer Pain Initiatives allowed for efficient communications and dissemination of materials, as well as insight to strengths and barriers to better pain management in individual states.

We have recently reinitiated discussions with staff at HCFA and recognize that there may be opportunities for future collaborations with state peer review organizations.

The videos were produced in collaboration with the video production studio of the University of Wisconsin School of Nursing and the relationship worked very well. The delay in final editing due to staff shortages has been noted.

V. Dissemination Activities During the Past Year

With a perspective on the entire project, what have been its key dissemination activities?

In year 3 of the grant, we have distributed 722 copies of *Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual*, 1st and 2nd editions, which represents the foundation for this project. We have continued to maintain the resources of the Wisconsin Cancer Pain Initiative and the Resource Center for State Cancer Pain Initiatives. We distributed numerous pamphlets and articles on pain management in Year 3, responding to 1237 requests for such materials.

June Dahl gave approximately 57 talks on pain management, institutional change, and the JCAHO Standards during Year 3 (Appendix A).

Pat Berry presented on the JCAHO standards at 13 speaking engagements and 2 poster presentations (Appendix A).

Karen Stevenson presented on pain management and institutional change in Casper, WY, Albuquerque, NM, Boise, ID, Ashland, WI and Duluth, MN.

VI. Other Sources of Support

Does the project have other sources of support?

The University of Wisconsin Medical School provides office space, electricity, accounting services, human resources services, and access to quality student hourly employees, printing services, and other university resources.

VII.Plans for the Coming Year

What are your plans for the project next year?

A. JCAHO Standards

Plans for year 4 – JCAHO Standards

September 2000: Prepare for post evaluation - work with Survey Research Lab before they close at the end of September. Work with the JCAHO to draw random sample of healthcare facilities and develop database for survey information.

January 2001: Standards scored as of January 1. Media and public relations surrounding implementation of standards. Write and submit articles related to the JCAHO pain standards.

March 2001: Prepare and mail post evaluation.

March – June 2001: Track and record respondents' data

July-August 2001: Analyze and summarize pre and post evaluation data.

B. Post-Operative Pain Management Quality Improvement Project (Formerly QIO/HCFA Project)

POP Project boxes were distributed to participants in the 18-month project in late May and early June 2000. As outlined in the Post-operative Pain (POP) project timeline, participants are given 18-months to: 1) complete an Initial Institutional Needs Assessment (months 0-3 months); 2) develop and complete an Initial Work Plan (months 3-6); 3) collect and enter baseline chart audit and patient survey data; 4) implement a strategic quality improvement program to improve pain management practices in their setting (months 6-18); 5) reevaluate and redesign their work plan throughout the process; 6) complete a Final Needs Assessment and Final Project Work Plan; 7) collect and enter post—implementation medical record audit and patient survey data; 8) complete evaluation of project; and 9) submit all forms and data to the project team by March 1, 2002. The project team will them aggregate, analyze, summarize and report on the findings of the project. In order to fulfill this project's needs we are requesting an extension of the grant period to 5 years, with a completion date of July 31, 2002. The steps for the reminder of this project are outlined on the next page.

Years 4 & 5 Plans - POP Project

Summer 2000 - Fall 2001:

- The POP Project Team will receive and enter data from: Initial Needs Assessments, Initial Work Plans, pre-intervention Medical Record Audit Forms, Patient Survey Forms, data from the 238 POP participants.
- Continue to: 1) develop supplementary materials, resources and possible training programs, 2) consult with participants via email, phone, list serve and website, 3) develop and implement a plan to promote and publish information pertaining to improved pain management practices and the POP project, 4) develop the evaluation aspect of the project, including the Evaluation Form and data aggregation and analysis plan.
- Collaborate with other organizations to promote improved pain management practices in healthcare, including promotion of the POP Resource Box available for purchase.

Winter – Spring 2001/2: Collect remainder of outstanding forms, evaluations and data and enter into project database.

Spring – Summer 2002: Analyze data received. Collect outstanding evaluations. Publish results of data and project evaluations.

The Resource Center of the American Alliance will offer the POP Project Box for sale (Appendix B).

C. Home Care Project

We are in the process of implementing concepts of the home health project in other states through collaborations with the state cancer pain initiatives. We have generalized the concept to include long-term care facilities and small community hospitals as well as home health agencies. We have begun program planning with the Delaware Cancer Pain Initiative, and have made extensive contact with representatives of the Northern California, Michigan, and Virginia Initiatives. We have also had preliminary discussions with 12 other states.

D. Video Project

We are currently implementing our marketing plan for the videos. This will include:

- 1. Asking the Initiative State Contacts to send a press release to their state's home care organization.
- 2. Asking the Initiative State Contacts to contact their state surveyors for home health licensure to offer a complimentary copy of the videos. This will both facilitate the relationship between the Initiative and the surveyors and the provide for the surveyors' need for pain management education.

- 3. Contacting home health journals with a request for editorial review of the videos.
- 4. Distributing order forms at all conferences at which any member of our staff is present.
- 5. Making the videos available for order on line through The Resource Center web site

VIII. Foundation's Role

How do you see the Foundation's role?

The Foundation has been extremely helpful and communicative throughout the entire process, assuring the success of this project.

IX. Bibliography

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Berry, P. H. & Dahl. J. L. (In Press). Making pain assessment and management a healthcare system priority through the new JCAHO pain standards. <u>Journal of Pharmaceutical Care in Pain & Symptom Control</u>

Dahl, J. L. (1999). New pain standards from the Joint Commission. <u>Surgical Services Management</u>, 5(11), 27-30.

Gordon, D.B., Dahl, J.L., & Stevenson, K.K. (1996). Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual, Madison: University of Wisconsin-Madison Board of Regents.

Gordon D, Stevenson K, Griffie J, Muchka S, Rapp C, Ford-Roberts D. *Opioid equianalgesic calculations*. In press. <u>Journal of Palliative Medicine</u> 2 (2):209-218.

Gordon, D, Stewart J, Dahl, J, Ward S, Pellino TA, Backonja M, Broad J. Institutionalizing pain management Journal of Pharmaceutical Care in Pain & Symptom Control. 7(1): 3-16.

Tavris DR, Dahl JL, Gordon D, Kloepfel E, Martin P and Gold J. (1999) Evaluation of a local cooperative project to improve postoperative pain management in Wisconsin hospitals. Quality Management in Health Care 7, 20-27.

WI Pain Management Improvement Group. (2000). <u>Post-operative Pain Management Quality Improvement Project</u> (Project-In-A-Box). Madison, WI: University of Wisconsin-Madison Board of Regents.



SAS 4

September 26, 2000

Mary C. Koscielniak
Accountant
Graduate Schools, Research and Sponsored Programs
University of Wisconsin-Madison
400 A.W. Peterson Building
750 University Avenue
Madison, WI 53706-1490

Reference: I.D. #032037 - Financial Report Received/No Payment

Dear Ms. Koscielniak:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that cumulative expenditures as of July 31, 2000, have been \$1,311,437. The Foundation has made payments to date totaling \$1,463,266 leaving you a cash balance as of July 31, 2000, of \$151,829. Due to the amount of your cash balance, an additional payment will not be forwarded now. Enclosed is a copy of the financial reporting form which you should use when reporting expenditures.

If I can assist you further, please contact me at 609-243-5844.

Sincerely,

Sophia Kounelias Financial Analyst

/SXK

Enclosure

c: June L. Dahl, Ph.D. Rosemary Gibson August P. Hackbart

Phealmele

Office of the Vice President and Treasurer

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: SXK PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grantee: University of Wisconsin-Madison Medical

School

Grant Number: 032037

Budget Period: Aug-01-2000 to Jul-31-2001 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 4
Revised: Mar-21-2000

EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	ret
PERSONNEL	Budget Amount	08/00-01/01	02/01-07/01		······································					
Project Director	8,416									
Project Coordinator	22,842									
Project Coordinator	13,676									
Project Associate	7,182									
Project Assistant	12,675									
Project Assistant	7,307									
Program Associate	5,192									
Fringe Benefits	20,449									
Personnel Subtotal	97,739									
OTHER DIRECT COSTS										
Meeting Costs	53,900									
Other Direct Subtotal	53,900									_
INDIRECT COSTS	13,648									
Grand Total	165,287							ooroon oo		PONSTRANSION STANSON MADE

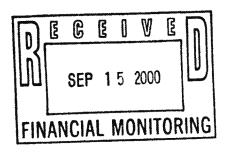
Page: 1 *



<u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

September 8, 2000

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316



In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Kounelias:

Enclosed is the annual financial report for Year 3 on the above-referenced grant for the period February 1, 2000 through July 31, 2000 under the direction of June Dahl.

Please note that the Period 1 figures on the Service Agreements and Consultant/Contractual lines have been revised to correct a \$4,493.02 expense that was reported in the wrong cost area. The indirect cost figure has also been corrected to reflect this change.

There is an unexpended balance. June Dahl will prepare a request to carryover the balance and add this to the Year 4 budget.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

aus C. Koscielniak

Accountant

Enclosure

Cc: Dahl, June – Pharmacology
Chair - Pharmacology
Medical School Fiscal Services

File

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 90 of 373. PageID #: 394299

The Robert Wood Johnson Foundation

P.O. Box 2316 Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-BL70

FA: MLH PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grantee: University of Wisconsin-Madison

Grant Number: 032037

Budget Period: Aug-01-1999 to Jul-31-2000 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 3 Revised: Mar-21-2000

EXPENDITURES

ltem	Approved	Period 1	Period 2	Total	Variance
	Budget Amount	8/99-01/00	02/00-07/00	000030000000000000000000000000000000000	
PERSONNEL	4.000				
Project Director	21,578.00	10,178.40	11,471.21	21,649.61	(71.61)
Project Coordinator	46,863.00	20,384.04	23,029.12	43,413.16	3,449.84
Project Associate	16,199.00	7,407.30	8,130.00	15,537.30	661.70
Project Associate	36,821.00	16,016.04	17,873.61	33,889.65	2,931.35
Project Associate	4,835.00	(600.00)	12,818.61	12,218.61	(7,383.61)
Project Associate	3,904.00	2,185.71	2,334.86	4,520.57	(616.57)
Project Assistant	12,283.00	13,357.02	1,558.06	14,915.08	(2,632.08)
Project Assistant	32,500.00	14,800.02	4,158.29	18,958.31	13,541.69
Project Assistant	28,103.00	13,624.02	13,440.11	27,064.13	1,038.87
Student Assistant	16,640.00	9,611.58	9,063.10	18,674.68	(2,034.68)
Fringe Benefits	64,473.00	35,038.14	32,637.77	67,675.91	(3,202.91)
Personnel Subtotal	284,199.00	142,002.27	136,514.74	278,517.01	5,681.99
OTHER DIRECT COSTS					
Supplies	6,000.00	3,722.60	1,777.25	5,499.85	500.15
Printing	746.00	1,287.47	933.53	2,221.00	(1,475.00)
Telephone	2,400.00	2,227.06	829.16	3,056.22	(656.22)
Postage	3,265.00	646.01	287.12	933.13	2,331.87
Service Agreements	1,750.00	678.72	197.39	876.11	873.89
Communications/Marketing	24,019.00	59.85	19,872.00	19,931.85	4,087.15
Software	700.00	467.03	196.62	663.65	36.35
Equipment less than \$5000	2,500.00	-	-	-	2,500.00
Meeting Expenses	72,933.00	24,679.07	15,788.93	40,468.00	32,465.00
Travel	23,264.00	11,982.51	3,372.93	15,355.44	7,908.56
Other Direct Subtotal	137,577.00	45,750.32	43,254.93	89,005.25	48,571.75
NDIRECT COSTS	37,960.00	16,897.73	16,179.27	33,077.00	4,883.00
CONSULTANT/CONTRACTUAL		•	•	•	•
Cons/Contrct Subtotal	66,577.00	7,095.56	49,430.91	56,526.47	10,050.53
Grand Total	526,313.00	211,745.88	245,379.85	457,125.73	69,187.27
	t	ì	Robert C. Andre	esen, Admin. Officer	

Decearch & Sponsored Programs



THE

July 14, 2000

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Reports Due

Dear Dr. Dahl:

This is a reminder that both the annual financial and annual progress reports for your grant in support of quality improvement and JCAHO standard setting for pain management in hospitals will be due in August. The financial report should be in the same format as the approved grant budget. Guidelines for the completion of the annual progress report are attached. Please direct these reports to my attention.

If you anticipate any difficulty in submitting these reports by August 31, 2000, kindly contact me.

Sincerely,

Sophia Kounelias Financial Analyst

SXK\sam Enclosure

cc: August P. Hackbart Rosemary Gibson

Office of the Vice President and Treasurer





April 5, 2000

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Acceptance of Financial Report/Accelerated Payment

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that cumulative expenditures as of January 31, 2000, have been \$1,066,461. The Foundation has made payments to date totaling \$1,106,569 leaving you a cash balance as of January 31, 2000, of \$40,108. As you know, the Foundation ordinarily disburses grant funds on an as needed basis following the receipt of a financial report. However, we have decided to accelerate the payments under this award. We are enclosing with a copy of this letter to August P. Hackbart a check for \$356,697. This payment represents the balance of your approved Year 3 budget plus 50% of your approved Year 4 budget. Also, enclosed is your financial reporting form for your use when reporting expenditures.

Upon accepting this payment, we require that you continue to meet the following conditions.

- 1. Comply with all the terms in the "Conditions of Grant" form.
- 2. Report financial expenditures semi-annually.

Acceptance of this payment indicates your agreement to the conditions stated above. If you cannot agree to these conditions, kindly return the check to my attention.

Please note that while the Foundation does not prescribe the use of interest income, we encourage you to use all interest income resulting from our funding for the program supported by this grant.

Office of the Vice President and Treasurer

If I can assist you further, please contact me at 609-243-5864.

Sincerely,

Joseph P. Wechselberger Financial Analyst

/JPW Enclosure

cc: August P. Hackbart/ Rosemary Gibson/

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 94 of 373. PageID #: 394303

FINANCIAL REPORT The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

Grant Number: 032037

Project Director: June L. Dahl (608-262-0978) Fiscal Officer: August P. Hackbart (608-262-0152) Budget Period: Aug-01-1999 to Jul-31-2000 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year : 3 Revised: Mar-21-2000

Revised: Mar-21-2000			Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	W
tem	Approved Budget Amount	Period 1 08/99-01/00	02/00-07/00	F 61 20 G						
ERSONNEL	01 570	10,178								
Project Director	21,578	20,384								
roject Coordinator	46,863 16,199	7,407								
roject Associate	36,821	16,016								
roject Associate	4,835									
roject Associate	3,904									
roject Associate	12,283									
rogram Assistant	32,500									
rogram Assistant	28,103									
rogram Assistant	16,640									
tudent Assistant	64,473									
ringe Benefits	284,199									
ersonnel Subtotal	2017277									1
THER DIRECT COSTS	6,000	3,723								
Supplies	746									
Printing	2,400	- 007								
relephone	3,265									
Postage	1,750		2							
Service Agreements(s)	24,019	-								
Communications/Mrkting	700		7							
Software			0							
Equipment less than \$500	72,93		9							
Meeting Expenses	23,26		3							
Travel	23,20	-								

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 95 of 373. PageID #: 394304

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 2.

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1999 to Jul-31-2000

Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year : 3
Revised: Mar-21-2000

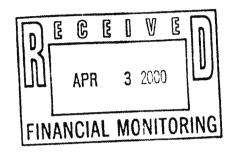
Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	ect
	Budget Amount	08/99-01/00	02/00-07/00							
Other Direct Subtotal	137,577	50,244								
INDIRECT COSTS	37,960	17,302								
CONSULTANT/CONTRACTUAL	66,577	2,603								
Cons/Contrct Subtotal	66,577	2,603								
Grand Total	526,313	212,151								



<u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

March 30, 2000

Joseph P. Wechelberger
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316



In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Mr. Wechelberger:

Enclosed is the interim financial report for Year 3 on the above-referenced grant for the period August 1, 1999 through January 31, 2000 under the direction of June L. Dahl.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

Mary C. Kazanini

Accountant

Enclosure

cc: Dahl, June – Pharmacology Chair – Pharmacology Med Schl Fiscal Services File

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 97 of 373. PageID #: 394306

The Robert Wood Johnson Foundation

P O. Box 2316 Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-BL70

FA: MLH PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grantee: University of Wisconsin-Madison

Grant Number: 032037

Budget Period: Aug-01-1999 to Jul-31-2000 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 3 Revised Mar-21-2000

EXPENDITURES

Item	Approved	Period 1	Period 2	Total	Variance	
	Budget Amount	8/99-01/00	02/00-07/00			
ERSONNEL	onnananananananananan olivaria da					
Project Director	21,578.00	10,178.40		10,178.40	11,399.60	
Project Coordinator	46,863.00	20,384.04		20,384.04	26,478.96	
Project Associate	16,199.00	7,407.30		7,407.30	8,791.70	
Project Associate	36,821.00	16,016.04		16,016.04	20,804.96	
Project Associate	4,835.00	(600.00)		(600.00)	5,435.00	
Project Associate	3,904.00	2,185.71		2,185.71	1,718.29	
Project Assistant	12,283.00	13,357.02		13,357.02	(1,074.02)	
Project Assistant	32,500.00	14,800.02		14,800.02	17,699.98	
Project Assistant	28,103.00	13,624.02		13,624.02	14,478.98	
Student Assistant	16,640.00	9,611.58		9,611.58	7,028.42	
Fringe Benefits	64,473.00	35,038.14		35,038.14	29,434.86	
Personnel Subtotal	284,199 00	142,002.27		142,002.27	142,196.73	
THER DIRECT COSTS						
Supplies	6,000.00	3,722.60		3,722.60	2,277.40	
Printing	746.00	1,287.47		1,287.47	(541.47)	
Telephone	2,400.00	2,227.06		2,227.06	172.94	
Postage	3,265.00	646.01		646.01	2,618.99	
Service Agrements	1,750.00	5,171.74		5,171.74	(3,421.74)	
Communications/Marketing	24,019.00	59.85		59.85	23,959.15	
Software	700.00	467.03		467.03	232.97	
Equipment less than \$5000	2,500.00	-		-	2,500.00	
Meeting Expenses	72,933.00	24,679.07		24,679.07	48,253.93	
Travel	23,264.00	11,982.51		11,982.51	11,281.49	
Other Direct Subtotal	137,577.00	50,243.34		50,243.34	87,333.66	
NDIRECT COSTS	37,960.00	17,302.10		17,302.10	20,657.90	
CONSULTANT/CONTRACTUAL		•				
Cons/Contrct Subtotal	66,577.00	2,602.54		2,602.54	63,974.46	
irand Total	526,313.00	212,150.25	6.00	212,150.25	314,162.75	
		gw'	Fred ! (In)			
		(12/00	Robert C. Andresen, Admi			
		41211	Research & Sponsored Pro	ograms		

MDL_RWJF_0000001



4

January 18, 2000

August P. Hackbart
Administrative Officer
Research & Sponsored Programs
University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706

Reference: I.D. #032037 - Delinquent Explanation

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

As of this date, we have not received an explanation for the overexpenditure against the line item "Personnel Subtotal".

Please submit this explanation promptly. If you have already submitted it, please disregard this request.

If I can assist you further, please contact me at 609-243-5844.

Sincerely,

Mona L. Hall Financial Analyst

/MEB

cc: June L. Dahl, Ph.D. Rosemary Gibson

Office of the Vice President and Treasurer



246

November 12, 1999

August P. Hackbart
Administrative Officer
Research & Sponsored Programs
University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706

Reference: I.D. #032037 - Transmittal of Next Payment

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that you have overexpended the approved budget category "Personnel Subtotal" by more than 5 percent. Please submit a letter which explains this overexpenditure. In order to continue spending in this category, you will need to revise your budget. To assist you in preparing your revised budget, we are attaching a copy of our "Grant Budget Revision Guidelines".

Cumulative expenditures as of July 31, 1999, have been \$854,310. The Foundation has made payments to date totaling \$1,097,474 leaving you a cash balance as of July 31, 1999, of \$243,164. Enclosed with this letter is our check for \$9,095. This check equals your next payment less your cash balance. Also enclosed is your financial reporting form for your use when reporting expenditures.

If I can assist you further, please contact me at 609-243-5844.

Sincerely,

Mona L. Hall Financial Analyst

/MLH

cc: June L. Dahl, Ph.D.

Rosemary Gibson,



<u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

October 14, 1999

Liisa Rand
Financial Analyst
The Robert Wood Johnson Fndn
Route 1 and College Road East
P O Box 2316
Princeton N J 08543-2316

RECEIVED

OCT 1 8 1999

FINANCIAL MONITORING

In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Rand:

Enclosed is the annual financial report for Year 2 on the above-referenced grant for the period February 1, 1999 through July 31, 1999 under the direction of June Dahl.

A budget revision request was submitted to Mona Hall for years 2 and 3 on September 1, 1999 and we are currently working on the budget revision per her request on October 1, 1999 for clarification of budget line items.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

lay C. Koscielmak

Accountant

Enclosure

cc: Dahl, June – Pharmacology Chair - Pharmacology Med Schl Fiscal Services File

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 101 of 373. PageID #: 394310

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: LER PA: LLM PO: RG UW Acct #133-BL70

Grantee: University of Wisconsin-Madison Medical

Page:

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: Robert C. Andresen (608-262-2896)

Budget Period: Aug-01-1998 to Jul-31-1999 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

Item	Approved Budget Amount	Period 1 08/98-01/99	Period 2 02/99-07/99	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pci
PERSONNEL	Dudget mount	00/ 50=01/ 55	02/33-0//33							
Project Director	34,702	17,812	17,812.20					35,624.40	(922.40)
Project Coordinator	40,768	20,384	20,384.04					40,768.08	(0.08	-
Project Associate	9,759	5,162	4,301.55					9,463.41	295.59	
Project Associate	27,456	17,160	14,490.68					31,650.74	(4,194.74	
Project Associate	8,320	2,080	3,000.00					5,080.02	3,239.98	-
Research Consultant	7,508	4,076	4,169.66					8,245.96	(737.96	
Program Assistant	24,877	13,357	13,357.02					26,714.04	(1,837.04	•
Program Assistant	24,877	14,800	14,800.02					29,600.04	(4,723.04	
Student Assistant	15,142	11,527	17,800.86					29,328.11	(14,186.11	-
Fringe Benefits	60,278	31,166	25,345.37					56,511.45	3,766.55	
Personnel Subtotal	253,687	137,524	135,461.40					272,986.25	(19,299.25	
OTHER DIRECT COSTS								•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
Supplies	4,200	2,151	6,563.24					8,714.20	(4,514.20	
Printing	2,085	1,570	5,835.75					7,405.53	(5,320.53	
Telephone	4,451	1,944	1,108.44					3,052.86	1,398.14	
Postage	3,265	248	328.82					576.35	2,688.65	
Service Agreements(s)	1,750	123	589.86					713.06	1,036.94	
Communications/Mrkting	240	150	36,821.05					36,971.05	(36,731.05)	`
Software	555	219	0.00					219.35	335.65	,
Equipment less than \$5000	750	0	0.00					0.00	750.00	
Meeting Expenses	113,538	10,768	(865.99)					9,902.01	103,635.99	
Fravel	23,477	3,354	4,646.50					8,000.32	15,476.68	
Other Direct Subtotal	154,311	20,527	55,027.67					75,554.33	78,756.67	

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 102 of 373. PageID #: 394311

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: LER PA: LLM PO: RG

UW Acct #133-BL70

Grantee: University of Wisconsin-Madison Medical

Page:

School

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grant Number: 032037

Budget Period: Aug-01-1998 to Jul-31-1999

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance Pct
	Budget Amount	08/98-01/99	02/99-07/99						
INDIRECT COSTS	36,720	14,225	17,144.02					17,144.02	5,351.34
CONSULTANT/CONTRACTUAL	101,496	59,789	21,475.77					81,264.46	20,231.54
Cons/Contrct Subtotal	101,496	59,789	21,475.77					81,264.46	20,231,54
Grand Total	546,214	232,065	229,108.86					461,173.70	85,040.30

214,110 gMH 4/4/99

Robert C. Andresen, Admin. Officer

Research & Sponsored Programs

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 103 of 373. PageID #: 394312

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1998 to Jul-31-1999 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
PERSONNEL	Budget Amount	08/98-01/99	02/99-07/99		UUUUUU GUUU GUUU GUUU GUUU GUUU GUUU G					
Project Director	34,702	17,812	17,812					35,624	-922	103
Project Coordinator	40,768	20,384	20,384					40,768		100
Project Associate	9,759	5,162	4,302					9,464	295	97
Project Associate	27,456	17,160	14,491					31,651	-4,195	115
Project Associate	8,320	2,080	3,000					5,080	3,240	61
Research Consultant	7,508	4,076	4,170					8,246	-738	110
Program Assistant	24,877	13,357	13,357					26,714	-1,837	107
Program Assistant	24,877	14,800	14,800					29,600	-4,723	119
Student Assistant	15,142	11,527	17,801					29,328	-14,186	194
Fringe Benefits	60,278	31,166	25,345					56,511	3,767	94
Personnel Subtotal	253,687	137,524	135,462					272,986	-19,299	108
OTHER DIRECT COSTS										
Supplies	4,200	2,151	6,563					8,714	-4,514	07
Printing	2,085	1,570	5,836					7,406	-5,321	355
Telephone	4,451	1,944	1,108					3,052	1,399	69
Postage	3,265	248	329					577	2,688	18
Service Agreements(s)	1,750	123	590					713	1,037	41
Communications/Mrkting	240	150	36,821					36,971	-36,731	***
Software	555	219	0					219	336	39
Equipment less than \$5000	750	0	0						750	0
Meeting Expenses	113,538	10,768	-866					9,902	103,636	9
Travel	23,477	3,354	4,647					8,001	15,476	34
Other Direct Subtotal	154,311	20,527	55,028					75,555	78,756	49
	,,,	,	,					,5,555	10,136	* 7

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 104 of 373. PageID #: 394313

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 2

School

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grant Number: 032037

Budget Period: Aug-01-1998 to Jul-31-1999

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount	08/98-01/99	02/99-07/99							
INDIRECT COSTS	36,720	14,225	17,144					31,369	5,351	85
CONSULTANT/CONTRACTUAL	101,496	59,789	21,476					81,265	20,231	80
Cons/Contrct Subtotal	101,496	59,789	21,476					81,265	20,231	80
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·····									
Grand Total	546,214	232,065	229,110		~~~~			461,175	85,039	84

### FINANCIAL REPORT

### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grantee: University of Wisconsin-Madison Medical

Page: •1

School

Grant Number: 032037

Budget Period: Aug-01-1999 to Jul-31-2000 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 3

Revised:

Item	Approved Budget Amount	Period 1 08/99-01/00	Period 2 02/00-07/00	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
PERSONNEL			02/00 01/00						***************************************	
Project Director	36,090									
Project Coordinator	42,399									
Project Associate	10,150									
Project Associate	28,554									
Project Associate	8,653									
Research Consultant	7,808									
Program Assistant	25,872									
Program Assistant	25,872									
Student Assistant	15,748									
Fringe Benefits	62,689									
Personnel Subtotal	263,835									
OTHER DIRECT COSTS									•	
Supplies	4,410								•	
Printing	1,746									
Telephone	3,379									
Postage	3,265									
Service Agreements(s)	1,750									
Communications/Mrkting	240									
Software	450									
Equipment less than \$5000	500									
Meeting Expenses	80,514									
Travel	17,754									
Other Direct Subtotal	114,008									

# Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 106 of 373. PageID #: 394315

### FINANCIAL REPORT

### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 2

School

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grant Number: 032037

Budget Period: Aug-01-1999 to Jul-31-2000

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year: 3

Revised:

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount	08/99-01/00	02/00-07/00							
INDIRECT COSTS	34,006									
CONSULTANT/CONTRACTUAL	92,668									
Cons/Contrct Subtotal	92,668									
Grand Total	504,517							······································		



September 17, 1999

CENTRAL FILES
PERMANENT OCTA

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Acknowledgement of Annual Progress Report

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

We have received your annual progress report and have forwarded a copy of this report to Rosemary Gibson for her review. If she has any questions or comments, she will contact you directly.

If I can assist you further, please contact me at 609-243-5844.

Sincerely,

Mona L. Hall Financial Analyst

/MLH

cc: August P. Hackbart Rosemary Gibson

Route 1 and College Road East Post Office Box 2316 Princeton, New Jersey 08543-2316 (609) 452-8701



SEP 0 2 1999
FINANCIAL MONITORING

August 23, 1999

Karen J. Newton
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316

Dear Karen,

I am pleased to provide you with the second annual progress report for our grant entitled *Institutionalizing Pain Management*, which supports revision of the JCAHO Standards and quality improvement efforts with hospitals and home health agencies. I am also submitting a budget revision request for the remaining portion of this grant.

If you have any difficulties with this report, please feel free to contact me at 608-265-4012.

Best regards.

Sincerely,

June L. Dahl, Ph.D.

Professor of Pharmacology

cc: August P Hackbart, UW Research and Sponsored Programs

Mary Koscelniak, UW Research and Sponsored Programs

Jason Rasmussen, UW Medical School Patricia Berry, UW Medical School

Marty Skemp, UW Medical School

Rosemary Gibson, Robert Wood Johnson Foundation

Department of Pharmacology



# ANNUAL PROGRESS REPORT: INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation project to

Make Pain Assessment and Treatment an Integral Part

of the Nation's Health Care System

8/1/98-7/31/99 Grant #032037

Submitted by

June L. Dahl, PhD

Professor of Pharmacology

Director of the Resource Center for State Cancer Pain Initiatives

The University of Wisconsin Medical School
Madison, WI
September 1, 1999

## **TABLE OF CONTENTS**

1.	OBJECTIVES AND ACCOMPLISHMENTS	3
Δ		
В		
	1. JCAHO Standards Revisions	
	2. QIO/HCFA Project	
	3. Home Care Project	
	4. Video Project	
II.	INTERNAL PROBLEMS	
111.	EXTERNAL PROBLEMS AND SUCCESSES	
IV.	RELATIONSHIPS WITH OTHER ORGANIZATIONS	
V.	DISSEMINATION ACTIVITIES DURING THE PAST YEAR	
VI.	OTHER SOURCES OF SUPPORT	
VII.	PLANS FOR THE COMING YEAR	
A.		
8.		
C.		
D.		
VIII.	FOUNDATION'S ROLE	14
IX.	BIBLIOGRAPHY	15
X.	APPENDICES	16
A.		
В.	QIO/HCFA PROJECT	18
C.	HOME CARE PROJECT	19
D.	C. HOME CARE PROJECT	

## **ANNUAL PROGRESS REPORT:**

## INSTITUTIONALIZING PAIN MANAGEMENT

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

## I. Objectives and Accomplishments

What were the project's objectives and how has the project met them in this year?

#### A. Project Objectives

The project originally had two major goals:

1. Development and implementation of a process to assure that the standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

The Standards Department of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) expressed support for a collaborative project to integrate pain assessment and treatment for all patients into the Joint Commission standards, intent statements, scoring guidelines and survey process questions. This presents us with a rare opportunity to improve pain management in hospitals and other health care facilities throughout the United States.

The Joint Commission's mission is to improve the quality of care provided to the public by offering health care accreditation and related services that support performance improvement in health care organizations. According to JCAHO documents, "the Joint Commission has comprehensive quality review programs for hospitals, health plans, home care agencies, laboratories, behavioral health care settings, long term care facilities, ambulatory care clinics, and networks of services that can, and often do, serve as an alternative to state and federal inspection of these organizations. In fact, the Joint Commission's Hospital, Home Care, and Laboratory Accreditation Programs are recognized by the federal Health Care Financing Administration (HCFA) as meeting or exceeding the federal quality standards for these organizations. Thus many of these organizations are able to use their Joint Commission accreditation to obtain Medicare certification through a process known as 'deemed status.' Similar reliance for licensure purposes exists for hospitals and other types of provider organizations in most states."

## 

At the same time that the process for revision of the JCAHO standards was being implemented, we proposed to initiate national pain management quality improvement efforts. Since the Joint Commission accredits 80% of the nation's hospitals which have 98% of the licensed beds, revised standards should be powerful forces for change in pain management practices in these settings. We proposed to reach hospitals by working in collaboration with the HCFA supported state peer review organizations (PROs). We also proposed to implement programs specifically designed to meet the needs of patients being cared for by home care agencies. Although a relatively small percentage of these are JCAHO accredited, those in Wisconsin had shown a strong commitment to improving pain management practices.

All of the pain management quality improvement programs were planned to contain the essential elements of the model programs that project personnel have successfully conducted in Wisconsin and other states. These include NCI-funded Cancer Pain Role Model programs, 34 of which have been conducted over the past 7 years, 3 in Wisconsin and 31 in other states, and a cooperative quality improvement project with MetaStar (formerly the Wisconsin Peer Review Organization) which was directed at improving acute post-operative pain management in 22 Wisconsin hospitals.

The Wisconsin Resource Manual for Improvement, which was published in 1996 by the Wisconsin Cancer Pain Initiative, was proposed to serve as the "text" for the proposed quality improvement programs. It provides a step-by-step process as well as the necessary tools for clinicians and administrators to make pain management a priority in their settings.

We also proposed to create sets of educational videos which would be made available at cost to facilitate ongoing educational/orientation/refresher programs for agency staff.

## **B.** Project Accomplishments

### 1. JCAHO Standards Revisions

The first major goal of the project has been accomplished. The new pain standards developed in collaboration with the Standards Department of JCAHO received final approval from the Board of Commissioners of JCAHO on July 30 and will appear in all of the 2000-2001 accreditation manuals which will be published in September. However, they will not be scored until 2001 because of concerns about the potential burden these standards would place on the healthcare field and a desire to give organizations ample time to ready themselves for compliance. Because of this change, the post evaluation survey will be delayed for one year. These standards call upon hospitals, home care agencies, long-term care facilities, behavioral health facilities, outpatient clinics and health plans to:

- recognize the right of patients to appropriate assessment and management of pain
- assess pain in all patients
- record the results of the assessment in a way that facilitates regular reassessment and follow-up
- educate relevant providers in pain assessment and management
- determine competency in pain assessment and management during the orientation of all new clinical staff
- establish policies and procedures which support appropriate prescription or ordering of pain medications
- assure that pain does not interfere with participation in rehabilitation
- educate patients and their families about the importance of effective pain management and include patients' needs for symptom management in the discharge planning process
- collect data to monitor the appropriateness and effectiveness of pain management

We have responded to numerous calls for information about the new standards from health care professionals in a variety of clinical settings. We maintained a close dialog with the Standards Department of the Joint Commission so that these questions were answered in a manner consistent with JCAHO policy. During the next year we will be working with the Joint Commission's Department of Education to educate surveyors and assist accredited healthcare organizations and healthcare professionals from all disciplines become familiar with the new pain standards and assess their readiness to conform to them. The accomplishments for Year 2 of the grant are summarized in the table below.

## Accomplishments on Revisions of the JCAHO Standards - Year 2

**August, 1998:** Presented drafts of revised standards to all of the Professional Technical Advisory Committees (PTACs) of JCAHO for review and authorization for field evaluation and inclusion in the 2000 manuals; attended Hospital PTAC meeting.

**September, 1998:** Assisted with development of a presentation to the Standards and Survey Procedures Committee (SSP), of the JCAHO.

**September, 1998:** Permission obtained to proceed with field evaluation (responsibility of JCAHO Department of Standards Staff); attended SSP meeting

September, 1998: Evaluation survey instrument and demographic questions finalized; Human Subjects Committee approval obtained and JCAHO database access secured.

October, 1998: Completed pilot test of evaluation measure.

November, 1998: Department of Standards initiated evaluation pretest.

December, 1998: Field evaluation of standards initiated; expert panel review initiated.

**January, 1999:** Evaluation pre-test completed, this included contacts with randomly selected non-responders.

**February, 1999:** Assisted in review of data from JCAHO's field evaluation; reviewed modifications to proposed standards and intent statement language.

**February & March, 1999:** Assisted with development of presentation to the PTACs and SSP for inclusion in the 2000 manuals; attended the SSP meeting.

March, 1999: Consulted with the staff of the Department of Standards of JCAHO about incorporating relevant pain standards in the Long Term Care Pharmacy Manual.

March & April, 1999: Drafted examples of implementation for all standards manuals.

**May, 1999:** Assisted the staff of the JCAHO Department of Standards with presentation to the JCAHO Board of Commissioners; standards approved but with a directive to be "creative" with implementation.

**May, 1999 through present:** Assisted JCAHO Department of Publications with the development of the *Pain Management Monograph* for field education; secured and contacted "best practice" sites; reviewed preliminary drafts, will review and approve final document.

**July, 1999:** Assisted with the implementation plan proposal to the SSP Committee; implementation plan approved; standards will be published in the 2000-2001 manuals, but scoring will be delayed until January 1, 2001.

**July, 1999:** Met with two staff members (associate director and program producer) from the JCAHO Department of Education Programs to begin planning for surveyor and field education.

**July, 1999:** Worked with the Communications and Customer Services Department of JCAHO to develop a press release about the new standards

July 30, 1999: The Board of Commissioners gave its final approval of the new standards.

August 2, 1999: New standards are posted on the JCAHO website.

## 2. QIO/HCFA Project

In the summer of 1998, the Health Care Financing Administration (HCFA) reviewed the activities of the state peer review organizations (PROs) and developed a new approach to project implementation. HCFA established 6 core "scopes of work" for all PROs. PROs may also undertake 2 "local" or "special" projects, however one of these has to be related to one of the 6 core projects. Furthermore, HCFA delayed awarding the first round of project contracts to the PROs until August 1, 1999.

In the fall of 1998 (Year 2), we concluded that it would be very difficult for the PROs to take on the additional work we were proposing, despite their interest in a postoperative pain ("POP") quality improvement project. At this time we decided to explore alternative avenues for the dissemination of our project. In doing so, we spoke with Tom Granatier

and Mary Mologne of the American Hospital Association (AHA). They too showed interest on the part of hospitals. Unfortunately, due to reorganization and prioritization issues, this was not an ideal time for a project of this scope.

Soon after our discussions with AHA were curtailed, we heard from David Schulke, Executive Director of the American Health Quality Association (AHQA), who encouraged us to once again try to recruit individual PROs to participate. He suggested we abandon the idea of conducting some cohesive research project. Despite the constraints the mandated projects imposed on PROs in terms of resources and time, Mr. Schulke was also cognizant of the timeliness, importance and need for pain management in hospitals nationwide. And with the new Joint Commission standards pending, more attention was being drawn to making improvements in pain management. In February 1999, the project team from University of Wisconsin, along with David Schulke and Regine Buchanan from AHQA, met with Drs. Jeff Kang, Steve Klauser and and Steve Jencks at the Health Care Financing Administration in Baltimore to discuss the feasibility of conducting the POP project with the PROs (see Appendix B). As was expected, HCFA expressed concern that the project was "research" focused and advised us to drop the notion of doing research. We explained that this was not in fact a research project; however, we need to show evidence of impact/outcome of the different programs on patients' pain management.

Following the HCFA meeting, with the aid of Mr. Schulke and others at AHQA, we developed a recruitment brochure (see Appendix B) for PROs and outlined a program which allowed PROs to choose either a Project-In-A-Box and/or In-Person Training program for the hospitals they would recruit.

POP Project brochures were distributed to all PROs in Spring 1999; 13 states showed interest in finding out more about the project. Those states are: Colorado, Indiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Mexico, Ohio, Oregon, Texas, Utah and Wisconsin. The deadline for application is August 31, 1999. We plan to start the series of 18 month projects in November 1999 (Year 3) which will require a  $4^{\rm th}$  year to complete and evaluate the programs. However, the beginning dates for participating PROs will depend largely on the availability of resources and the status of their other projects. With the final approval of JCAHO standards in July, 1999, we anticipate an even greater interest on the part of hospitals for pain management quality improvement education.

## 3. Home Care Project

In Year 2, we completed the implementation of this pilot program in accordance with the original timeline. The third and final educational session was held in October 1998. The content, which was the same for both the northwest and south central Wisconsin sites, included:

- Alternative medicine and the relief of pain
- Sharing our successes and preparing for the future
- More than medications: treating pain by caring for mind, body and spirit
- Homework for final site visit

A sample of the participants' folder for this meeting is attached. In the five months following the program, nurses experienced in home health and pain quality improvement made site visits to each participating agency. During these contacts, the site visitors:

- audited 10 randomly selected charts from each agency (agencies had received materials and instruction about the chart audits at the final educational session).
- collected and reviewed each agency's revised Needs Assessment and Workplan
- offered consultation on each agency's pain quality improvement needs
- solicited feedback about the overall project: how it was helpful and how it could have served them better.

In the remaining months of Year 2, we collated the data and started an analysis of the program's impact. We also were able to compile information about the incidence and severity of pain in home health patients. Results were presented at the American Pain Society annual meeting in November and at the National Meeting for State Cancer Pain Initiatives in June.

## **Preliminary Summary of Impact**

To determine the impact of the intervention strategies, we are analyzing data from three sources: 1) an Agency Assessment performed by expert nurses who visited each home health agency before and after the educational sessions, 2) Needs Assessments, which each participating agency team completed at the first educational session and before the final site visit, and 3) Chart Audits, which consisted of 2 sets of 10 randomly selected charts from each participating agency.

## a) Agency Assessment

The nurse site visitors completed an Agency Assessment at both the pre and post program site visits. The table at the top of the next page lists the percentages of home health agencies that had key indicators in place and the status of the forty-four agencies that completed the project. The changes in agency practices were all positive.

	<del></del>	
	Pre	Post
The documentation system specifically cues the nurse to assess the presence or absence of pain	75%	98%
The agency has identified a scale for rating pain intensity	87%	98%
The agency uses a baseline pain assessment form*	54%	86%
The agency uses a pain management flow sheet*	44%	68%
The agency has one or more written policies that specifically pertain to pain	37%	55%
The agency collects pain quality improvement data and gives feedback to staff	10%	80%
The agency has a pain quality improvement workplan	12%	57%
The agency has a pain quality improvement team	12%	89%
* May be a separate form or may be integrated into deciment.		L

May be a separate form, or may be integrated into documentation system

## b) Needs Assessments

Each participating agency team completed a Needs Assessment, a two page list of systems that would be supportive of good pain assessment and management practices. All except one of the 46 system factors assessed changed in a positive direction. (The one exception was: *Is there a process to gain administrative support to develop an interdisciplinary workgroup and carry out a workplan?*). A sampling of the most positive changes are listed below.

	Pre	Post
Is there a written standard of practice that articulates the method and frequency for documenting pain assessments?	32%	56%
Does your method for pain documentation place pain in a highly visible and prominent position that encourages regular review by all disciplines?	25%	76%
Are there standards/guidelines that define the maximum acceptable pain intensity and triggers for change in plan of care or consultation?	9%	40%
Does your system assure the communication of the pain management plan as patients transition across settings?	8%	33%
Do staff have access to a variety of pain assessment tools for populations that are at particular nsk for undertreatment of pain? (e.g. children, cognitively impaired, patients unable to	38%	82%
is there a clear line of consultation for difficult pain problems?	30%	62%
Are equianalgesic charts available in all clinical areas where orders are written?	36%	71%
Do staff have easy access to guidelines for pain assessment and management such as the AHCPR clinical practice guidelines?	34%	71%
Are there quick reference materials available to address pain assessment and treatment, such as pocket reference cards or computer help screens?	40%%	76%
Are there expert preceptors/role models in pain management (such as "Pain Resource Nurses") that are readily available to staff?	42%	71%
Does your agency maintain a supply of the AHCPR consumer guides for acute and/or cancer pain or or or cancer pain	34%	60%
Are there ongoing opportunities for case presentations or teaching rounds on patients with pain problems?	64%	82%
Does your agency have access to a variety of staff education resources on pain management such as self-directed learning packets, videos, and printed materials?	45%	71%
Are pain management outcomes monitored and reported through a QA/I process?	19%	49%
Does outcome monitoring involve periodic surveys of patients including questions about pain intensity, expectations and goals, impact of pain, and satisfaction with staff?	17%	33%
s staff compliance with documentation standards evaluated?	55%	76%
Are there ongoing, frequent opportunities to provide staff with feedback about improvements in pain and/or areas for future focus?	60%	80%

#### c) Chart Audits

At the start and conclusion of the program, each agency was required to submit 10 audits of charts randomly selected from their active patients. If the agency was jointly certified in home health and hospice, they were instructed to audit only the charts of home health patients.

1) We observed some changes in practice patterns from chart audit data obtained before and after the program. Three of these are shown below.

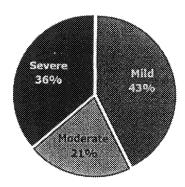
	Pre (n = 492)	Post (n = 455)
Opioids other than propoxyphene are ordered for pain control	25%	30%
The character of the pein is documented upon admission	23%	33%
Pain is identified and followed as a clinical problem	26%	32%

2) In addition, we were able to reach some conclusions about the frequency and intensity of pain from the post-program chart audit data..

Pain was reported in 236 (56%) of the 455 charts audited.



3) Pain intensity on admission was recorded in 196 (56%) of the 236 charts of patients with pain. Among these 196 patients, the pain severity recorded on the charts showed:



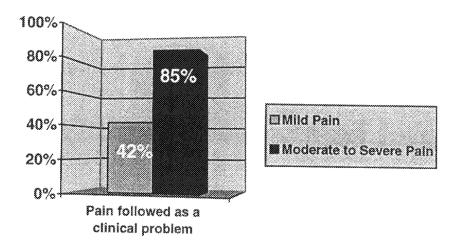
- 36% severe [7-10/10 or 4-5/5].
- 21% moderate (5-6/10 or 3/5)
- 43% mild (1-4/10 or 1-2/5).

These data suggest that approximately one third of home health patients have moderate to severe pain. Pain of this intensity should be identified and followed as a clinical problem.

4) The post program chart audit data showed that the nurses tended to document the quality and location of pain more consistently when the pain was moderate to severe,

which is consistent with the agency setting a standard that "triggers" a complete pain assessment if pain is of a certain intensity.

5) The post program chart audit data also showed that nurses were more likely to follow pain as a clinical issue if the admission pain intensity was moderate to severe.



## 4. Video Project

In this second year, we completed the filming of the seven pain management education videos for home health nurses. The videos are being edited, and will be available for distribution in September 1999.

As we talked with the nurses who participated in the pilot project *Institutionalizing Effective Pain Management Practices in Home Health*, it became clear they planned to use these videos for inservice education in their agencies. To this end, we designed printed inserts to accompany each video that would allow a facilitator to lead a discussion and review case histories after a group viewed the video. In addition, we will provide a short post-test that will allow each viewer to evaluate his or her knowledge.

#### II. Internal Problems

Have any internal problems been encountered this year that are related to the project's design, collaborations, staffing, operations or other project factors?

None.

## III. External Problems and Successes

Are there problems or successes caused by factors external to the project?

Final editing of the videos for home health nurses was delayed by staff reductions in the video production department of the University of Wisconsin School of Nursing.

HCFA mandated that all PROs focus on the same six subject areas, which made it impossible to involve them in our pain management project during Year 2.

## IV. Relationships With Other Organizations

If you are working in collaboration with other organizations, or depend on other organizations or institutions to meet the objectives of this project, how are those relationships working?

The collaboration with the Standards Department of the Joint Commission has worked extremely well. They have been supportive of our efforts and served to insulate us from the vagaries of a large bureaucracy.

We were unable to continue our collaboration with HealthInsight, the Utah Peer Review Organization. As stated above, HCFA mandated that all PROs focus on the same six subject areas which made it impossible to involve them in our pain management project.

The videos are being produced in collaboration with the video production studio of the University of Wisconsin School of Nursing and the relationship is working very well. The delay in final editing due to staff shortages has been noted.

## V. Dissemination Activities During the Past Year

Have there been any key dissemination activities during the past year?

In this year of the grant, we have distributed 506 copies of *Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual*, which presents the foundation for this project. We have continued to maintain the resources of the Wisconsin Cancer Pain Initiative and Resource Center for State Cancer Pain Initiatives. We distributed numerous pamphlets and articles on pain management in Year 2, responding to 2912 requests for such materials.

June Dahl gave approximately 42 talks on pain management, institutional change, and the JCAHO Standards during Year 2.

Pat Berry presented on the Joint Commission Standards at the annual meeting of the American Society of Pain Management Nurses, and also presented a poster on the Standards at the American Pain Society meeting and at the and National Meeting for State Cancer Pain Initiatives.

Karen Stevenson presented a plenary on the home care project at the National Meeting for State Cancer Pain Initiatives and also presented posters at this meeting and at the meeting of the American Pain Society. Karen also gave pain management workshops to surveyors of the Wisconsin Bureau of Quality Assurance and to the Wisconsin Homecare Organization.

## VI. Other Sources of Support

Does the project have other sources of support?

The University of Wisconsin Medical School provides office space, electricity, accounting services, human resources services, and access to quality student hourly employees, printing services, and other university resources.

## VII. Plans for the Coming Year

What are your plans for the project next year?

#### A. JCAHO Standards

- Continue planning for surveyor and field education; implementation of video based, internet based and interactive programs within the next 12 months; June Dahl will be participating in a national video conference introducing the new standards to the field in the Fall of 1999.
- Consult with the Wisconsin Survey Research Laboratory regarding the post evaluation plan to enhance survey response rates.
- Participate in conference presentations; besides poster presentations we are scheduled to give numerous talks during the next year.
- Support efforts in the healthcare field to prepare for the implementation of the new Standards; act as a resource in this regard.

## B. QIO/HCFA Project

As outlined in the Post-operative Pain (POP) project brochure, each PRO may choose one of two program formats: Project-In-A-Box (PIB) or In-Person Training (IPT, which includes Projects-In-A-Box). Project budget allows for up to 12 POP project contracts.

HCFA-mandated contracts divide PROs into three groups based on contract cycles. These cycles are staggered at three-month intervals. The first group's contract began on August 1, 1999. The first 18-month POP project contracts are tentatively scheduled to begin November 1999. Due to the PRO schedules and time appropriated to the POP project, a Year 4 has been added to the grant timeline to enable completion of the project:

## PRO Project Plans - Years 3 & 4

Year 3 (July 31, 1999 - August 1, 2000)								
Summer 1999	Recruit PROs	Project Team						
Winter 1999-2000	Begin 18 month contracts:							
	Identify Project Coordinator	PROs						
	Recruit ~ 25 hospitals (per PRO)	PROs						
	Distribute project materials	Project Team/PROs						
	Conduct training seminars	Project Team/PROs						
Spring 2000	Continue PRO recruitment	Project Team						
	Conduct training seminars & follow-up	Project Team/PROs						

	Collect of chart information	PROs/Hospitals
Year 4 (July 31, 2	2000 - August 1, 2001)	
Summer 2000	Continue PRO recruitment	Project Team
	Conduct training seminars & follow-up	Project Team/PROs
	Collection of chart information	PROs/Hospitals
Fall 2000	Schedule final follow-up seminars	Project Team/PROs
	Collection of chart information	PROs/Hospitals
	Complete evaluation summaries	PROs/Hospitals
Winter 2000-2001	Complete & return summary	PROs
	Submit summaries to Project Team	PROs
Spring 2001	Evaluate and summarize project	Project Team

Due to the variability in the PROs' schedules and resources there is a distinct possibility we may not be able to involve the desired number of PROs (and therefore the desired number of hospitals) through the POP Project described above. Should this be the case, we are prepared to offer our resources and expertise to hospitals via other avenues.

#### C. Home Care Project

We propose to implement the home health project in other states. This will be accomplished through collaborations with the state cancer pain initiatives. Program planning has begun with the Delaware Cancer Pain Initiative. Should the PRO POP project prove impossible to implement, we propose to revise the budget once again in order to be able to implement home health agency projects in several states.

#### D. Video Project

We plan to complete production of the videos by the end of 1999 and then begin distribution to participating home care agencies in Wisconsin and those who will be involved in institutionalization efforts in other states.

#### VIII. Foundation's Role

How do you see the Foundation's role?

The Foundation has been extremely helpful and communicative throughout the entire process, assuring the success of this project.

## IX. Bibliography

Gordon, D.B., Dahl, J.L., & Stevenson, K.K. (1996). Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual, Madison: University of Wisconsin-Madison Board of Regents.

Gordon D, Stevenson K, Griffie J, Muchka S, Rapp C, Ford-Roberts D. *Opioid equianalgesic calculations*. In press. <u>Journal of Palliative Medicine</u> 2 (2):209-218.

Gordon, D, Stewart J, Dahl, J, Ward S, Pellino TA, Backonja M, Broad J. *Institutionalizing pain management*. <u>Journal of Pharmaceutical Care in Pain & Symptom Control</u>. 7(1): 3-16.

Tavris DR, Dahl JL, Gordon D, Kloepfel E, Martin P and Gold J. (1999) Evaluation of a local cooperative project to improve postoperative pain management in Wisconsin hospitals. Quality Management in Health Care 7, 20-27.

X. Appendices

A. JCAHO Standards Revision

B. QIO/HCFA Project





July 12, 1999

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Reports Due

Dear Dr. Dahl:

This is a reminder that both the annual financial and annual progress reports for your grant in support of quality improvement and JCAHO standard setting for pain management in hospitals will be due in August.

The financial report should be in the same format as the approved grant budget. Guidelines for the completion of the annual progress report are attached. Please direct these reports to my attention. If you anticipate any difficulty in submitting these reports by August 31, 1999, kindly contact me.

Sincerely,

Liisa E. Rand Financial Analyst

LER\sam Enclosure

cc: August P. Hackbart Rosemary Gibson

Lusa Fard



LLM

April 16, 1999

August P. Hackbart Administrative Officer Research & Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Financial Report Received/No Payment

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that cumulative expenditures as of January 31, 1999, have been \$625,200. The Foundation has made payments to date totaling \$1,097,474 leaving you a cash balance as of January 31, 1999, of \$472,274. Due to the amount of your cash balance, an additional payment will not be forwarded now. Enclosed is a copy of the financial reporting form which you should use when reporting expenditures.

If I can assist you further, please contact me at 609-243-5846.

Sincerely,

Liisa E. Rand Financial Analyst

/LER

cc: June L. Dahl, Ph.D.
Rosemany Gibson

Office of the Vice President and Treasurer



## <u>University of Wisconsin-Madison</u> **Graduate School, Research and Sponsored Programs**

March 26, 1999

RECEIVED

Liisa E. Rand
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P O Box 2316
Princeton N J 08543-2316

APR - 1 1999 FINANCIAL MONITORING

In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Rand:

Enclosed is the semi-annual financial report on the above-referenced grant for Year 2 for the period August 1, 1998 through January 31, 1999 under the direction of June L. Dahl.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

Accountant

Enclosure

cc: Dahl, June – Pharmacology Chair – Pharmacology Med Schl Fiscal Services File

## Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 130 of 373. PageID #: 394339

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. #133-BL70

FA: LER PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grantee: University of Wisconsin-Madison Medical

School

Grant Number: 032037

Budget Period: Aug-01-1998 to Jul-31-1999 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance ct
	Budget Amount	08/98-01/99	02/99-07/99						
PERSONNEL									
Project Director	34,702	17,812.20						17,812.20	16,889.80
Project Coordinator	40,768	20,384.04						20,384.04	20,383.96
Project Associate	9,759	5,161.86						5,161.86	4,597.14
Project Associate	27,456	17,160.06						17,160.06	10,295.94
Project Associate	8,320	2,080.02						2,080.02	6,239.98
Research Consultant	7,508	4,076.30						4,076.30	3,431.70
Program Assistant	24,877	13,357.02						13,357.02	11,519.98
Program Assistant	24,877	14,800.02						14,800.02	10,076.98
Student Assistant	15,142	11,527.25						11,527.25	3,614. <i>7</i> 5
Fringe Benefits	60,278	31,166.08						31,166.08	29,111.92
Personnel Subtotal	253,687	137,524.85						137,524.85	116,162.15
OTHER DIRECT COSTS									
Supplies	4,200	2,150.96						2,150.96	2,049.04_
Printing	2,085	1,569.78						1,569.78	515.2
Telephone	4,451	1,944.42						1,944.42	2,506.58
Postage	3,265	247.53						247.53	3,017.47
Service Agreements(s)	1,750	123.20						123.20	1,626.80
Communications/Mrkting	240	150.00						240.00	90.00
Software	555	219.35						219.35	335.65
Equipment less than \$5000	750	0.00						0.00	750.00
Meeting Expenses	113,538	10,767.60						10,767.60	102,770.40
Travel	23,477	3,353.82						3,353.82	20,123.18
Other Direct Subtotal	154,311	20,526.66						20,526.66	133,784.34

### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 131 of 373. PageID #: 394340

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. #133-BL70

FA: LER PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

School

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grant Number: 032037

Budget Period: Aug-01-1998 to Jul-31-1999

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance ct
	Budget Amount	08/98-01/99	02/99-07/99						
INDIRECT COSTS	36,720	14,224.64						14,224.64	22,495.36
CONSULTANT/CONTRACTUAL	101,496	59,788.69						59,788.69	41,707.31
Cons/Contrct Subtotal	101,496	59,788.69						59,788.69	41,707.31
Grand Total	546,214	232,064.84						232,064.84	314,149.16

ARAND 4/15/199

Robert C. Andresen, Admin. Officer

Research & Sponsored Programs





January 11, 1999

August P. Hackbart
Administrative Officer
Research && Sponsored Programs
University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706

Reference: I.D. #032037 - Acceptance of Annual Financial Report / No Payment

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your annual financial report, we note that cumulative expenditures as of July 31, 1998, have been \$393,135. The Foundation has made payments to date totaling \$1,097,474 leaving you a cash balance of \$704,339. Due to the amount of your cash balance, an additional payment will not be forwarded now. Enclosed for your convenience is a copy of your financial reporting form for the period August 1, 1998, through July 31, 1999, reflecting your approved budget of \$546,214. Please use this form when reporting expenditures.

If I can assist you further, please contact me at 609-243-5846.

Sincerely,

Liisa E. Rand Financial Analyst

/LER Enclosure

cc: June L. Dahl, Ph.D. Rosemary Gibson . -

Office of the Vice President and Treasurer

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: LER PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Project Director: June L. Dahl (608-262-0978) Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1998 to Jul-31-1999

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

#### EXPENDITURES

Item	Approved Budget Amount	<b>Period 1</b> 08/98-01/99	Period 2 02/99-07/99	Period 3	Period 4	Period 5	Period 6	Total	Variance Ct
PERSONNEL			ennintalentining and a second	***************************************					
Project Director	34,702								
Project Coordinator	40,768								
Project Associate	9,759								
Project Associate	27,456								
Project Associate	8,320								
Research Consultant	7,508								
Program Assistant	24,877								
Program Assistant	24,877								
Student Assistant	15,142								
Fringe Benefits	60,278								
Personnel Subtotal	253,687								
OTHER DIRECT COSTS									
Supplies	4,200								
Printing	2,085								
Telephone	4,451								
Postage	3,265								
Service Agreements(s)	1,750								
Communications/Mrkting	240								
Software	555								
Equipment less than \$5000	750								
Meeting Expenses	113,538								
Travel	23,477								
Other Direct Subtotal	154,311								

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 134 of 373. PageID #: 394343

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: LER PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 2

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1998 to Jul-31-1999 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

#### EXPENDITURES

Item	Approved Budget Amount	Period 1 08/98-01/99	Period 2 02/99-07/99	Period 3	Period 4	Period 5	Period 6	Total	Variance ct
INDIRECT COSTS	36,720								
CONSULTANT/CONTRACTUAL	101,496								
Cons/Contrct Subtotal	101,496								
Grand Total	546,214								



## University of Wisconsin-Madison Graduate School, Research and Sponsored Programs

November 20, 1998

Liisa Rand Financial Analyst The Robert Wood Johnson Foundation Route 1 and College Road East PO Box 2316 Princeton N J 08543-2316

To Liisa Rand	From Mary K.
° RWJ	ca. UW-Madison
Dept.	Phone # 608-262-9028
Fax # 609-452-956	4 Fax # 608-262-5111

In reply, please refer to

UW Acct No. 133-BL70 RECEIVED

JAN 6 0 1999

FINANCIAL MONITORING

RE: Grant #032037

Dear Ms. Rand:

Enclosed is the revised financial report for Year 1 on the above-referenced grant for the period August 1, 1997 through July 31, 1998 under the direction of Dr. June L. Dahl.

This revision now includes payment for expenses on the subcontract to the Joint Commission on Accreditation of Healthcare Organizations. A request to carryover the unexpended balance will now be submitted.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

C. Kosecielnisk

Accountant

Enclosure

cc Dahl, June - Pharmacology Chair - Pharmacology Med Schl Fiscal Services File

400 A.W. Peterson Building 750 University Avenue Madison, WI 53706-1490

Telephone (608) 262-3822 Fax (608) 262-5111

## Case: 1:17-md-02804-DAP Doc #: 2390-1837/1880: 08/14/19 136 of 373. PageID #: 394345

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UN Acct. //133-BL70

FA: KJN PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)

Grantee: University of Wisconsin-Madison Medical

Page: 1

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09:47

School

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1 Revised:				EXPENDITURES						201
tem	Approved Budget Amount	Period 1 08/97-01/98	Period 2 02/98-07/98	Period 3	Period 4	Period 5	Period 6	Total	Variance	2
ERSONNEL			1.5 000 10					33,776.18	(408.18)	-
roject Director	33,368	16,804	16,972.10					33,559.69	5,640.31	;
roject Coordinator	39,200	13,829	19,730.74					14,808.35	(732.35)	
roject Associate	14,076	6,144	8,663.80					26,870.60	3,929.40	Ì
roject Associate	30,800	10,865	16,005.03					8,026.71	(26.71)	7
roject Associate	8,000	4,000	4,026.69					7,196.25	22.75	
esearch Consultant	7,219	3,587	3,609.70						492.13	
rogram Assistant	23,920	10,601	12,827.02					23,427.87	2,993.07	
rogram Assistant	23,920	10,601	10,326.08					20,926.93		
tudent Assistant	14,560	4,382	8,463.20					12,845.20	1,714.80	
ringe Benefits	60,960	23,443	28,661.24					52,104.30	8,855.70	5
Personnel Subtotal	256,023	104,256	129,285.60					233,542.08	22,480.92	
OTHER DIRECT COSTS									(n mac aa)	
	4,000	1,504	5,023.14					6,526.80	(2,526.80)	-
Supplies	1,830	951	(785.19)					166.14	1,663.86	
Printing	4,435	965	1,675.08			ı		2,639.80	1,795.20	
relephone	3,059	1,840	314.26					2,153.94	905.06	
Postage	2,250	2,475	(1,623.10)					852.31	1,397.69	
Service Agreements(s)		0	0.00					0.00	1,240.00	
Communications/Mrkting	1,240		225.00					1,438.19	7.81	5
Software	1,446	1,213	0.00					15,530.99	1,989.01	-
Equipment less than \$5000		15,531						12,833.14	31,126.86	7
Meeting Expenses	43,960	1,926	10,907.14					6,551.87	8,801.13	02/03
Travel	15,353	2,807	3,745.33					48,693.18		ç
Other Direct Subtotal	95,093	29,212	19,481.66					70,033.10	-10 \$ 000 s OC	4

#### FINANCIAL REPORT

## The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UM Acct. //133-8L70

Grantee: University of Wisconsin-Madison Medical

School

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

FA: KJN PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)

Piscal Officer: Robert C. Andresen (608-262-2896)

Revised:

EXPENDITURES

				Name and Address of the Owner o				Total	AMETHNICA .	A000000
Itam	Approved	Period 1	Period 2	Pariod 3	Period 4	Period 5	Period 6	10002		
Tram	Budget Amount	08/97-01/98	02/98-07/98	TOTAL STREET,	**************************************	annananis (trasmonis Granananis (trasistation anni		25,401.17	6,198.83	
INDIRECT COSTS	31,600	12,012	13,389.05					2,500.00	0.00	
EONI SMEML	2,500	2,500	0.00							
	166,044	7,875	75,123.69					82,998.69		
CONSULTANT/CONTRACTUAL Cons/Contrct Subtotal	168,544	10,375	75,123.69					82,998.69	83,045.31	
			237,280.00	and the second s		anternalysische descriptions descriptions		393,135.12	158,124:88	
Orand Total	551,260	155,455	237,280.00	Account of the last of the las		and the second state of the second se		Akand		
								.,,		

Robert C. Andresen, Admin. Officer

Research & Sponsored Programs



## <u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

October 6, 1998

RECEIVED_

Liisa Rand
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P O Box 2316
Princeton N J 08543-2316

DIMENTAL MONITORING

FINANCIAL MONITORING

In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Rand:

Enclosed is the annual financial report for Year 1 on the above-referenced grant for the period August 1, 1997 through July 31, 1998 under the direction of Dr. June L. Dahl.

There is one expenditure that could not be included on this report. We have not received the billing from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) on the subcontract issued for Year 1. There are some internal issues being resolved before the invoice will be issued. The subcontract was for \$65,894.00. Would you please advise how this matter should be handled when the invoice is received, i.e. should our office prepare a revised Year 1 Financial Report or should this be carried over into the Year 2 Budget and reported there.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary/C. Koscielniak

Accountant

Enclosure

cc Dahl, June - Pharmacology

Chair - Pharmacology

Med Schl Fiscal Svcs

File

### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 139 of 373. PageID #: 394348

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. #133-BL70

FA: KJN PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School |

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

Revised:

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance ct
	Budget Amount		02/98-07/98			***************************************	***************************************		
PERSONNEL									
Project Director	33,368	16,804	16,972.10					33,776.18	(408.18)
Project Coordinator	39,200	13,829	19,730.74					33,559.69	5,640.31
Project Associate	14,076	6,144	8,663.80					14,808.35	(732.35)
Project Associate	30,800	10,865	16,005.03					26,870.60	3,929.40
Project Associate	8,000	4,000	4,026.69					8,026.71	(26.71)
Research Consultant	7,219	3,587	3,609.70					7,196.25	<b>22.7</b> 5
Program Assistant	23,920	10,601	12,827.02					23,427.87	492.13
Program Assistant	23,920	10,601	10,326.08					20,926.93	2,993.07
Student Assistant	14,560	4,382	8,463.20					12,845.20	1,714.80
Fringe Benefits	60,960	23,443	28,661.24					52,104.30	8,855.70
Personnel Subtotal	256,023	104,256	129,285.60					233,542.08	22,480.92
OTHER DIRECT COSTS			-						
Supplies	4,000	1,504	5,023.14					6,526.80	(2,526.80)
Printing	1,830	951	(785.19)					166.14	1,663.8
Telephone	4,435	965	1,675.08					2,639.80	1,795.20
Postage	3,059	1,840	314.26					2,153.94	905.06
Service Agreements(s)	2,250	2,475	(1,623.10)					852.31	1,397.69
Communications/Mrkting	1,240	0	0.00					0.00	1,240.00
Software	1,446	1,213	225.00					1,438.19	<b>7.</b> 81
Equipment less than \$5000	17,520	15,531	0.00					15,530.99	1,989.01
Meeting Expenses	43,960	1,926	10,907.14					12,833.14	31,126.86
Travel	15,353	2,807	3,745.33					6,551.87	8,801.13
Other Direct Subtotal	95,093	29,212	19,481.66					48,693.18	46,399.82

#### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 140 of 373. PageID #: 394349

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. #133-BL70

FA: KIN PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

School

Project Director: June L. Dahl (608-262-0978) Fiscal Officer: Robert C. Andresen (608-262-2896) Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

Revised:

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance Pct
	Budget Amount	08/97-01/98	02/98-07/98						
INDIRECT COSTS	31,600	12,012	13,389.05					25,401.17	6,198.83
EQUIPMENT	2,500	2,500	0.00					2,500.00	0.00
CONSULTANT/CONTRACTUAL	166,044	7,875	28,325.00					36,200.00	129,844.00
Cons/Controt Subtotal	160,544	10, 275	<del>- 28,325.00</del>	and the second s	-			38,700_00	129,844.00
Grand Total	551,260	155,855	190,481.31					346,336.43	-204,923.57

Robert C. Andresen, Admin. Officer

Rosert C. andresen

Research & Sponsored Programs



M 4

December 14, 1998

August P. Hackbart Administrative Officer Research and Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Acceptance of Annual Financial Report / No Payment

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your revised annual financial report, we note that cumulative expenditures as of July 31, 1998, have been \$393,135. The Foundation has made payments to date totaling \$1,097,474 leaving you a cash balance of \$704,339. Due to the amount of your cash balance, an additional payment will not be forwarded now. Enclosed for your convenience is a copy of your financial reporting form for the period August 1, 1998, through July 31, 1999, reflecting your approved budget of \$546,214. Please use this form when reporting expenditures.

We have reviewed your request to carryover unexpended funds totaling \$158,125 from year 01 to year 02 and approve it. Please submit a revised year 02 budget in the total amount of \$704,339. If I can assist you further, please contact me at 609-243-5846.

Sincerely,

Liisa E. Rand

Financial Analyst

/MLH Enclosure

cc: June L. Dahl, Ph.D. Rosemary Gibson

Office of the Vice President and Treasurer

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: LER PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grantee: University of Wisconsin-Madison Medical

Page: 1

*School* 

Grant Number: 032037

Budget Period: Aug-01-1998 to Jul-31-1999 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 2

Revised:

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance :t
	Budget Amount	08/98-01/99	02/99-07/99				-		
PERSONNEL									
Project Director	34,702								
Project Coordinator	40,768								
Project Associate	9,759								
Project Associate	27,456								
Project Associate	8,320								
Research Consultant	7,508								
Program Assistant	24,877								
Program Assistant	24,877								
Student Assistant	15,142								
Fringe Benefits	60,278								
Personnel Subtotal	253,687								
OTHER DIRECT COSTS									
Supplies	4,200								
Printing	2,085								
Telephone	4,451								
Postage	3,265								
Service Agreements(s)	1,750								
Communications/Mrkting	240								
Software	555								
Equipment less than \$5000	750								
Meeting Expenses	113,538								
Travel	23,477								
Other Direct Subtotal	154,311								

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: LER PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1998 to Jul-31-1999 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year: 2

Revised:

#### EXPENDITURES

Item	Approved	Period 1 Period 2 Period 3 Period 4 Period 5 Period 6 08/98-01/99 02/99-07/99	Period 6	Total Variance				
	Budget Amount		02/99-07/99			40.4.50.4.		
INDIRECT COSTS	36,720							
CONSULTANT/CONTRACTUAL	101,496							
Cons/Contrct Subtotal	101,496							
Grand Total	546,214			 				



## <u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

November 20, 1998

MEC - 11 1998

Liisa Rand
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P O Box 2316
Princeton N J 08543-2316

In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Rand:

Enclosed is the revised financial report for Year 1 on the above-referenced grant for the period August 1, 1997 through July 31, 1998 under the direction of Dr. June L. Dahl.

This revision now includes payment for expenses on the subcontract to the Joint Commission on Accreditation of Healthcare Organizations. A request to carryover the unexpended balance will now be submitted.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

C. Koscalniak

Accountant

Enclosure

cc Dahl, June – Pharmacology Chair - Pharmacology Med Schl Fiscal Services File

#### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 145 of 373. PageID #: 394354

#### REVISED

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. //133-BL70

FA: KJN PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)
Fiscal Officer: Robert C. Andresen (608-262-2896)

Grantee: University of Wisconsin-Madison Medical

School

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998 Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

Revised:

#### **EXPENDITURES**

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance Pct
	Budget Amount	08/97-01/98	02/98-07/98		-4				
PERSONNEL									4
Project Director	33,368	16,804	16,972.10					33,776.18	(408.18)
Project Coordinator	39,200	13,829	19,730.74					33,559.69	5,640.31
Project Associate	14,076	6,144	8,663.80					14,808.35	(732.35)
Project Associate	30,800	10,865	16,005.03					26,870.60	3,929.40
Project Associate	8,000	4,000	4,026.69		•			8,026.71	(26.71)
Research Consultant	7,219	3,587	3,609.70					7,196.25	22.75
Program Assistant	23,920	10,601	12,827.02					23,427.87	492.13
Program Assistant	23,920	10,601	10,326.08					20,926.93	2,993.07
Student Assistant	14,560	4,382	8,463.20					12,845.20	1,714.80
Fringe Benefits	60,960	23,443	28,661.24					52,104.30	8,855.70
Personnel Subtotal	256,023	104,256 🗸	129,285.60					233,542.08	<b>√22,480.92</b>
OTHER DIRECT COSTS			·						
Supplies	4,000	1,504	5,023.14					6,526.80	(2,526.80)
Printing	1,830	951	(785.19)					166.14	1,663.8
Telephone	4,435	965	1,675.08					2,639.80	1,795.20
Postage	3,059	1,840	314.26					2,153.94	905.06
Service Agreements(s)	2,250	2,475	(1,623.10)					852.31	1,397.69
Communications/Mrkting	1,240	0	0.00					0.00	1,240.00
Software	1,446	1,213	225.00					1,438.19	7.81
Equipment less than \$5000	17,520	15,531	0.00					15,530.99	1,989.01
Meeting Expenses	43,960	1,926	10,907.14					12,833.14	31,126.86
Travel	15,353	2,807	3,745.33					6,551.87	8,801.13
Other Direct Subtotal	95,093	29,212 🗸	19,481.66	•				48,693.18	

#### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 146 of 373. PageID #: 394355

#### REVISED

#### FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. #133-BL70

Grantee: University of Wisconsin-Madison Medical

School

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

FA: KJN PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: Robert C. Andresen (608-262-2896)

Revised:

EXPENDITURES

Item	Approved	Period 1	Period 2	Pariod 3	Period 4	Period 5	Period 6	Total	Variance	Tet.
	Budget Amount	08/97-01/98	02/98-07/98					25,401.17 v	6,198.83	<u></u>
INDIRECT COSTS	31,600	12,012	✓ 13,389.05 ✓					2,500.00	0.00	
EQUIPMENT	2,500	2,500	0.00					-,		
CONSULTANT/CONTRACTUAL	166,044	7,875	75,123.69					82,998.69	1 '	
Cons/Contrct Subtotal	168,544	10,375	75,123.69	✓				82,998.69	/ 83,045.3	31
			/ 237,280.00					393,135.12	158,124	88
Grand Total	551,260	155,855	/ 237,280.00	V				//		

12/9/98

Page:

Robert C. Andresen, Admin. Officer

Research & Sponsored Programs





September 14, 1998



June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Acknowledgement of Annual Progress Report

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals.

We have received your annual progress report and have forwarded a copy of this report to Rosemary Gibson for her review. If she has any questions or comments, she will contact you directly.

Please find attached a copy of "The Robert Wood Johnson Foundation Grantee Reporting Instructions". We note that the bibliography did not list various presentations given in detail. Please provide us with a complete biography as indicated in our guidelines.

Mary Koscielniak of your financial reporting department, indicated during my telephone conversation on September 8th, that the financial report submitted by you was not the appropriate financial report. She indicated that she will submit the appropriate financial report to me directly.

If I can assist you further, please contact me at 609-243-5846.

Sincerely,

Liisa E. Rand Financial Analyst

/LER Enclosure

cc: August P. Hackbart Rosemary Gibson

Route 1 and College Road East Post Office Box 2316 Princeton, New Jersey 08543-2316 (609) 452-8701

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 148 of 373. PageID #: 394357

### INSTITUTIONALIZING PAIN INVANAGEMENT

A Project of the Robert Wood Johnson Foundation

LEP

Karen J. Newton Financial Analyst

The Robert Wood Johnson Foundation Route 1 and College Road East

P.O. Box 2316

Princeton, NJ 08543-2316

Dear Karen,

September 1, 1998

RECEIVED

SEP - 2 1900

FINAL WOUNT ORING

I am pleased to share the first annual financial and annual progress reports for our grant entitled *Institutionalizing Pain Management*, which supports quality improvement and JCAHO standard setting for pain management in hospitals.

If you have any difficulties with this report, please feel free to contact me at 608-265-4012.

Best regards.

Sincerely,

June L. Dahl, Ph.D.

Professor of Pharmacology

cc: August P Hackbart

Rosemary Gibson

### Institutionalizing Pain Niminagement

A Project of the Robert Wood Johnson Foundation

# ANNUAL PROGRESS REPORT: INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation project to

Make Pain Assessment and Treatment an Integral Part

of the Nation's Health Care System

8/1/97-7/31/98 Grant #032037

Submitted by

June L. Dahl, PhD

Professor of Pharmacology

Director of the Resource Center for State Cancer Pain Initiatives

The University of Wisconsin Medical School

Madison, WI

September 1, 1998

### TABLE OF CONTENTS

I.	OBJECTIVES AND ACCOMPLISHMENTS	3
A	A. Project Objectives	3
В	B. PROJECT ACCOMPLISHMENTS	4
	1. JCAHO Standards Revisions	4
	2. QIO/HCFA Project	6
	3. Home Care Project	6
	4. Video Project	8
II.	INTERNAL PROBLEMS	8
ш.	EXTERNAL PROBLEMS AND SUCCESSES	8
IV.	RELATIONSHIPS WITH OTHER ORGANIZATIONS	9
v.	DISSEMINATION ACTIVITIES DURING THE PAST YEAR	9
VI.	OTHER SOURCES OF SUPPORT	9
VII.	PLANS FOR THE COMING YEAR	10
A	A. JCAHO STANDARDS	10
В	B. QIO/HCFA Project	10
C	C. HOME CARE PROJECT	10
D	D. VIDEO PROJECT	10
VIII	I. FOUNDATION'S ROLE	10
IX.	BIBLIOGRAPHY	11
X.	APPENDICES	12
A	A. JCAHO Standards Revision	13
		***************************************
В	B. QIO/HCFA PROJECT	
B C		14

#### **ANNUAL PROGRESS REPORT:**

#### INSTITUTIONALIZING PAIN MANAGEMENT

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

#### Objectives and Accomplishments

What were the project's objectives and how has the project met them in this year?

#### A. Project Objectives

The project originally had two major goals:

1. Development and implementation of a process to assure that the standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

The Standards Department of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) expressed support for a collaborative project to integrate pain assessment and treatment for all patients into the Joint Commission standards, intent statements, scoring guidelines and survey process questions. This presents us with a rare opportunity to improve pain management in hospitals and other health care facilities throughout the United States.

The Joint Commission's mission is to improve the quality of care provided to the public by offering health care accreditation and related services that support performance improvement in health care organizations. According to JCAHO documents, "the Joint Commission has comprehensive quality review programs for hospitals, health plans, home care agencies, laboratories, behavioral health care settings, long term care facilities, ambulatory care clinics, and networks of services that can, and often do, serve as an alternative to state and federal inspection of these organizations. In fact, the Joint Commission's Hospital, Home Care, and Laboratory Accreditation Programs are recognized by the federal Health Care Financing Administration (HCFA) as meeting or exceeding the federal quality standards for these organizations. Thus many of these organizations are able to use their Joint Commission accreditation to obtain Medicare certification through a process known as 'deemed status.' Similar reliance for licensure purposes exists for hospitals and other types of provider organizations in most states."

2. Development and implementation of national pain management quality improvement programs

At the same time that the process for revision of the JCAHO standards was being implemented, we proposed to initiate national pain management quality improvement efforts. Since the Joint Commission accredits 80% of the nation's hospitals which have 98% of the licensed beds, revised standards should be powerful forces for change in pain management practices in these settings. We proposed to reach hospitals by working in

collaboration with the HCFA supported state peer review organizations. We also proposed to implement programs specifically designed to meet the needs of patients being cared for by home care agencies. Although a relatively small percentage of these are JCAHO accredited, those in Wisconsin had shown a strong commitment to improving pain management practices.

All of the pain management quality improvement programs were planned to contain the essential elements of the model programs that project personnel have successfully conducted in Wisconsin and other states. These include NCI-funded Cancer Pain Role Model programs, 22 of which have been conducted in Wisconsin and 18 other states over the last five years, and a cooperative quality improvement project with MetaStar (formerly the Wisconsin Peer Review Organization) which was directed at improving acute post-operative pain management in 22 Wisconsin hospitals.¹

The Wisconsin Resource Manual for Improvement, which was published in 1996 by the Wisconsin Cancer Pain Initiative, was proposed to serve as the "text" for the proposed quality improvement programs. It provides a step-by-step process as well as the necessary tools for clinicians and administrators to make pain management a priority in their settings.

We also proposed to create sets of educational videos which would be made available at cost to facilitate ongoing educational/orientation/refresher programs for agency staff.

#### B. Project Accomplishments

#### 1. JCAHO Standards Revisions

The JCAHO standards revision project has proceeded smoothly and on time, largely due to the collaborative relationship our team has with the JCAHO Department of Standards staff. Below the accomplishments for year -1 and plans for year -2 are summarized.

#### Accomplishments on Revisions of the JCAHO Standards - Year 1

Sept 1997: Approached Standards Department of JCAHO

Fall 1997 through Winter 1998: Summarized need, reviewed relevant literature, justified need for change; Diagramed barriers to adequate pain management (Ishikawa or "fish bone" diagram); demonstrates visually the issue's complexity and impact

Jan 1998: Observed a JCAHO hospital survey (Marion General Hospital, Marion IN)

Feb 1998: JCAHO Department of Standards staff visited University of Wisconsin Hospital and Clinics and St. Clare Hospital, Baraboo

Feb 1998: Surveyed JCAHO surveyors regarding need for changes in pain assessment and treatment in standards and survey process.

**Feb 1998:** Completed analysis paper for PTACs (Professional and Technical Advisory Committees) and SSP Committee (Standards and Survey Procedure Committee – a subcommittee of the Board of Commissioners who oversees and approves all standards changes/revisions.) *Attached* 

**Feb 1998:** Assisted in presentation of SSP analysis paper to JCAHO Professional-Technical Advisory Committees (made of representatives from the field and JCAHO leadership); attended the hospital and ambulatory PTAC meetings.

March 1998: SSP Committee authorized the process to proceed

Spring 1998: Reviewed relevant literature, including all current JCAHO and other standards, patient satisfaction surveys, efforts to "institutionalize" clinical practices

Spring through Summer 1998: Initiated discussions regarding evaluation plan to determine impact of standards changes/revisions; Review of relevant literature completed; Led conference call with JCAHO Standards, and Research and Evaluation; Engaged assistance of Wisconsin Survey Research Laboratory to oversee data collection; prepared draft of evaluation measure

Spring through early Summer 1998: Prepared drafts of standards, intent statements, selected examples of implementation

June 1998: Poster presentation proposal submitted to the American Pain Society's annual meeting to be held in November, 1998.

July 1998: Distributed draft standards and intent statements to expert panel

**July 1998:** Incorporated expert panel revision changes as appropriate; discussed each with JCAHO Department of Standards staff.

August 1998: Drafts of revised standards and intent statements presented to all the PTACs in preparation for SSP Committee anticipated approval for field evaluation. *Draft standards and intent statements as distributed to PTACs attached* 

August 1998: Completed University of Wisconsin-Madison Center for Health Sciences Human Subjects Committee review protocol.

#### 2. QIO/HCFA Project

There were significant problems caused by factors external to the project. These problems have caused a significant delay in this phase of the project. Please refer to Section III for the details of these difficulties.

#### 3. Home Care Project

This component of the project is directed at improving the management of pain in home care through institutionalization of pain assessment and management practices. We will first pilot the project in Wisconsin and then take it to a broader scope.

We recruited agencies from two geographic regions of the state: northwest and south central. Fifty-three Wisconsin home care agencies (25% of the agencies in the state) elected to participate in this pilot program, 29 agencies from south central Wisconsin, and 23 agencies from northwest Wisconsin. The two areas form interesting contrasts. While both geographic areas have much dairy farmland, agencies in south central Wisconsin have easier access to financial and educational resources, while northwest Wisconsin has more wilderness and is less densely populated.

We have successfully implemented this project in accordance with our original timeline.

Month	program development	recruitment	program	evaluation
Aug-97	evaluate			
Sep-97	existing programs			
Oct-97		mailing		
Nov-97	modify as needed			
Dec-97				
Jan-98		site visits		
Feb-98	finalize program			
Mar-98				
Apr-98			1 day meeting	
May-98				
Jun-98				
Jul-98			1/2 day meeting	
Aug-98				
Sep-98				
Oct-98			1/2 day meeting	
Nov-98				
Dec-98				
Jan-99				
Feb-99				evaluate and
Mar-99				revise program
Apr-99				

We first contacted the agencies through a letter of invitation accompanied by information sheets and a commitment form. (See packet in the white envelope included with this report). We sent two packets to each agency, one to the administrator and one to the director of nursing. The packet contents outlined the basic requirements of the program: if the agency wished to participate in this program, the home health agency administrator and director of nursing needed to commit to sending a team of two to three staff to a series of 3 educational programs. One of the team members needed to have the authority to implement change. The agency would also need to provide their team with the time and resources to develop a pain quality improvement effort.

The packets were sent to a total of 77 agencies. Project personnel Kate Ford Roberts (south central) and Mary Gerber (northwest) contacted each agency. If the director of nursing or administrator expressed interest in the program, Kate or Mary made a site visit to the agency to explain the program and to survey pain practices. All but one of the fifty-four agencies they visited signed up for the program. The results of the site visit survey are in Appendix B1. The site visitors also instructed the participants on how to perform a chart audit on 10 randomly selected charts. The chart audit form is in Appendix B2. Selected results from the data compiled from all of the chart audits are in Appendix B3.

We had our first meetings with each of the area groups in April. The objectives of this meeting were to help the participants to:

- understand why pain management should be made a priority in home care
- perform a pain assessment
- apply the principles of analgesic pharmacology
- develop a plan to improve pain management in their agency.

Each participant team filled out an institutional assessment for their agency. A summary of the responses of all 53 agencies participating in the program is in Appendix B4. Workplans developed by two of the agencies at the first meeting are in Appendix B5 as examples of the outcomes from this first meeting. The handouts for the first meeting are in the maroon folder included with this packet.

We also surveyed the participants for their preferences as to the content of the second and third meetings. The two groups had many similar interests, including information on the expectations of the Bureau of Quality Assurance and of JCAHO, opioids and non-cancer pain, treatment of neuropathic pain, patient education, alternative medicine therapies for pain, and non-pharmacologic methods. The groups differed in their interest in only two areas: the northwest groups' number one request was to learn how to talk to a physician about pain management a topic in which the south central group expressed only moderate interest. The south central group indicated much more interest in the treatment of chronic pain than did the south central group. The gray folders with this packet are from the second meeting held in July. We have included both so as to allow your review of the differences in the agendas, which reflect the different interests expressed by the two groups. A draft of the final meetings schedules for October is in Appendix B6. The agenda for both groups will likely be virtually identical.

It is clear that the home care industry is undergoing great stress even greater stress than a year ago when we initiated this grant. Wisconsin's Bureau of Quality Assurance has told us

that as many as 50% of Wisconsin home care agencies may be forced to close as a result of anticipated changes in Medicare reimbursement. Since the beginning of this program, we have had only one agency withdraw because they are no longer doing home care. However, many of our participants spoke of difficulty finding time to work on their pain projects because of dwindling agency resources. In spite of this, most agencies were able to make some progress on at least some of their goals between the first two meetings. The sample workplans included in Appendix B5 show examples of this.

#### 4. Video Project

Scripts for seven educational videos have been completed. The complete texts are in Appendix D. Their titles are listed below:

- 1. How to Talk to Doctors About Pain Management
- 2. Pain Assessment: Simplifying the Complex
- 3. Managing Opioid Side Effects
- 4. It isn't pain...exactly: Treatment of Neuropathic Pain
- 5. Patient's Fears and Misconceptions About Pain and Opioids
- 6. Pain Management Patient Education
- 7. That extra pain medicine didn't help! What to Do When Your Patient is Getting Opioids, but is Still In Pain

The videos are currently in production and should be completed by the end of this year which means we are about 6 months behind the original schedule for this phase of the work.

#### II. Internal Problems

Have any internal problems been encountered this year that are related to the project's design, collaborations, staffing, operations or other project factors?

None.

#### III. External Problems and Successes

Are there problems or successes caused by factors external to the project?

As stated in our original goals, we had proposed to work with the HCFA supported state peer review organizations (now called quality improvement organizations) to improve the management of acute postoperative pain. We had successfully conducted such a pilot program with the Wisconsin QIO. QIOs in several other states had conducted pain projects which suggested general interest in the subject of pain.

We began another collaboration with Wisconsin QIO and with the help of one of their biostatisticians designed a strategy to test the impact of two intervention strategies: a hands-on meeting with hospital representatives and a self-learning module (the project in a box). We sought participation from 12 state QIOs; in the spring of 1998, seven expressed an

interest in participating. However, they were reluctant to make a commitment to the project because HCFA was pressuring them to complete their current projects in a timely fashion.

In August, HCFA changed its operating procedures and determined that in the future, QIOs would have little flexibility with regard to project selection. HCFA has mandated that the QIOs work on 6 national projects. In addition, they may choose to work on 2 more. However, one must be an extension of one of the 6 national projects. Obviously, QIOs will have little flexibility and independence in future project design. The changing climate among state QIOs has resulted in their being little progress on this phase of the project.

Preliminary dsiscussions with the American Hospital Association suggest that we may find it fruitful to collaborate with them on our project whose goal is to improve the management of post-operative pain.

#### IV. Relationships With Other Organizations

If you are working in collaboration with other organizations, or depend on other organizations or institutions to meet the objectives of this project, how are those relationships working?

The collaboration with the Standards Department of the Joint Commission has worked extremely well. They have been supportive of our efforts and served to insulated us from the vagaries of a large bureaucracy.

As stated above, the relationship with QIOs has proved more challenging.

The videos are being produced in collaboration with the video production studio of the University of Wisconsin School of Nursing and the relationship is working very well.

#### V. Dissemination Activities During the Past Year

Have there been any key dissemination activities during the past year?

Since the inception of this grant, we have distributed 486 copies of Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual, which served as the cornerstone of our plan for this project. In addition, we have continued to maintain the resources of the Wisconsin Cancer Pain Initiative and Resource Center for State Cancer Pain Initiatives. We distributed numerous pamphlets and articles on pain management in Year One, responding to 2593 requests for such materials.

June Dahl gave multiple talks and presentations on pain management. These are detailed in the *Bibliography* section.

#### VI. Other Sources of Support

Does the project have other sources of support?

The University of Wisconsin Medical School provides office space, electricity, accounting services, human resources services, and access to quality student hourly employees,

printing services, and other university resources. The Wisconsin Cancer Pain Initiative provided \$2500 to partially provide for a projector used for project conferences.

#### VII. Plans for the Coming Year

What are your plans for the project next year?

#### A. JCAHO Standards

- * Attend SSP meeting September 10
- * Finalize survey instrument, demographic questions, etc. by September, 1999 (Includes finalizing instrument development, pre-testing, formatting, securing database access, etc.)
- * Conduct "pre-evaluation" by December 1998 (Includes contacting a sample of non-responders and requesting they complete the survey.)
- * Field evaluation and expert panel review (larger panel) early in 1999 (Will also ask expert panel to provide examples of implementation.)
- * Complete writing of examples of implementation
- * Incorporate field evaluation and expert panel changes as appropriate.
- * Submit to SSP for final approval to publish standards (projected April, 1999)
- * Final standards and intent statements due in JCAHO publications department June, 1999
- * Published (and therefore in effect) on January 1, 2000

#### B. QIO/HCFA Project

The general thrust of this component of the project will remain the same. A general description of the goals in contained in the Proposal in Appendix B.

#### C. Home Care Project

We plan to complete the Home Health project and develop materials which can be easily used by others who wish to replicate the project. In addition, we will work with home care agencies in other states to facilitate change in their settings.

#### D. Video Project

We plan to complete production of the videos by the end of 1998 and then begin distribution to participating home care agencies in Wisconsin and those who will be involved in institutionalization efforts in other states.

#### VIII.Foundation's Role

How do you see the Foundation's role?

The Foundation has been extremely helpful and communicative throughout the entire process, assuring the success of this project.

#### IX. Bibliography

The project Director June Dahl has given presentations on pain management and quality improvement at 20 state and national meetings.

Gordon, D.B., Dahl, J.L., & Stevenson, K.K. (1996). Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual, Madison: University of Wisconsin-Madison Board of Regents.

Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 160 of 373. PageID #: 394369

### INSTITUTIONALIZING PAIN MANAGEMENT

A Project of the Robert Wood Johnson Foundation

### YEAR ONE FINANCIAL PROGRESS REPORT

for

#### INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation project to

Make Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

8/1/97-7/31/98 Grant #032037

Submitted by

June L. Dahl, PhD
Professor of Pharmacology
Director of the Resource Center for State Cancer Pain Initiatives

The University of Wisconsin Medical School Madison, WI September 1, 1998

### TABLE OF CONTENTS

	**************************************
	PAGE
Line Item Budget Summary	3
Budget Narrative - Project Year One	4
Biographical Sketches of Key Personnel	13
Overview of Roles and Relationships of Key Personnel	

#### **Budget Narrative - Project Year One**

Grant Period: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1997 to 7/31/1998)

#### I. PERSONNEL

An overview of the relationship of key personnel to the various components of the proposal and to one another is presented in Figure 1. Biographical sketches can be found on page

#### Project Director, June L. Dahl, PhD, 35%

Dr. Dahl serves as the project director and oversees the design and implementation of the major components of the project, reviewes all drafts of the revised JCAHO standards as well as the educational materials to be used in the quality improvement programs. She also serves as faculty for the home health conferences being held for administrators and clinicians from hospitals and home care agencies and is working closely with Dr. Sandra Ward to design appropriate tools for assessment of the impact of quality improvement programs on practice patterns in the various clinical settings. She will serve as the communication link with the network of state cancer pain initiative participants who will be recruited for participation in various aspects of the project. She will also be responsible for regular communications with various interested professional groups such as the American Hospital Association, the American Association of Nurse Executives, the National Association for Home Care, the American Association for Services in Homes for the Aged, and the American Health Care Association.

#### Project Coordinator, Patricia Berry, PhD, RN, CRNH, CS, 80% FTE

Dr. Berry oversees the JCAHO Standards Project in collaboration with John Wuest, who is affiliated with the Standards Department of JCAHO. She is currently developing JCAHO standard language, intent statements, scoring guidelines and survey process questions to address pain management. A detailed description of the process to be used is provided on page 6 of the original Proposal Narrative. She also has submitted draft standards and accompanying materials to JCAHO and participates in the JCAHO internal standards review process when appropriate. Dr. Berry also assists with the development and implementation of programs for hospitals and home care agencies as needed.

#### Project Associate, Debra Gordon, MS, RN, CS, 30% FTE

Ms. Gordon serves as Project Manager of the quality improvement programs for hospitals which are being conducted in collaboration with the state Peer Review Organizations. She develops, coordinates and evaluates the multi-state PRO-Narrative Project Document, which includes proposals for a data collection tool for outcome monitoring, curricula for quality improvement seminars as well as proposals for analyzing and reporting outcome data. She works closely with other project staff in refining and modifying, based on evaluation data, the educational conferences for hospitals. Ms. Gordon also serves as plenary and small group/breakout faculty for the regional hospital conferences, and provides ongoing individual assistance to

participants as needed. During this first year of the project she had the additional responsibility of coordinating the development of the series of pain education videos. Finally, she will assist in revision of the JCAHO standards as a reviewer of drafts and as an advisor to the process.

#### Project Associate, Karen Stevenson, MS, RN, 70% FTE

Ms. Stevenson dedicates half of her time to the development and implementation of quality improvement programs for home care agencies, with the eventual responsibility for integrating the home care content into the regional training programs. She is also responsible for recruitment of participants, assisting with site visits, and serving as faculty for the home care conferences. The other portion of her time is spent supporting other aspects of the project, including the review of all drafts of the revised JCAHO standards, and assisting with presentation of the proposed revision to JCAHO. She is responsible for supervision of one of the project assistants, and coordinates the resources of the WCPI and The Resource Center for State Cancer Pain Initiatives, specifically ensuring that written materials and information networks are maintained and available. Ms. Stevenson will also act as faculty for the conferences organized though the Peer Review Organizations and works with Ms. Gordon in the development of the series of pain education videos.

#### Project Associate, Kate Roberts, BSN, RN, 20% FTE

Ms. Roberts act as site visitor to recruit and later evaluate home care agencies for the quality improvement programs for home care agencies. She has assisted Ms. Stevenson with the development of the educational materials for the Wisconsin and regional programs, and has acted as faculty for both the Wisconsin and regional conferences for home care administrators and clinicians.

#### Research Consultant, Sandra Ward, PhD, RN, 10% FTE

Dr. Ward provides regular consultation in research and statistical analysis for all portions of this project. In particular, she assists with design of quality assurance and improvement studies so as to document the impact of the quality improvement programs which are key elements of this proposal. As Chair of the Quality of Care Committee of the American Pain Society, she will coordinate review of revised JCAHO standards by members of the Quality of Care Committee.

#### Program Assistant, Jason Rasmussen, 100% FTE

The program assistant oversees the day-to day office activities required to develop project materials and maintains the communications networks associated with the various aspects of this proposal. These activities include, but are not limited, to the development, maintenance and distribution of project materials, arranging conference calls, coordinating arrangements for educational workshops, triaging messages, responding to requests for information and assistance from participants in the state and regional programs, data entry, and delegating tasks to and supervising the student hourly employee. Mr. Rasmussen also assists in the implementation of the home health project and associated conference, and has worked to maintain the Cancer Pain Initiative network of the American Alliance of Cancer Pain Initiatives.

#### Program Assistant, Jennifer Stiemke/Marty Skemp, 100% FTE.

This position was held by two individuals; Marty Skemp replaced Jennifer Stiemke when Ms. Stiemke departed Madison for another city. This position works directly with the project director to facilitate communications with other project personnel, assist with the day-to-day conduct of the office, prepare correspondence related to conduct of the proposal's objectives, conduct regular literature reviews of pain management and quality assurance issues, maintain personal files, and facilitate the development of materials for the educational missions of this project. In addition, the position has had a major role in the development of the QIO program.

#### Student Hourlies, 100% FTE

A team of student hourlies including Heather Broadwell, Xialon Chen, Stephen Klos, SeeLun Mak, Meg Mastriani, Jennifer Mullin, Andrea Paradowski, Monica Sinha, John Thottakara, and Sarah Wochos are and have been responsible for word processing, maintenance of databases, duplication of materials, preparation of materials for mailing, and any other routine office tasks necessary for the completion of the projects.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

<u>Title</u>	<u>Salary</u>	Fringe Rate	<b>Fringes</b>
Project Director	\$33,368	*30.5%	\$10,830
Project Coordinator	\$39,200	*30.5%	\$10,580
Project Associate	\$ 9,384	*30.5%	\$ 2,878
Project Associate	\$30,800	*30.5%	\$ 8,467
Project Associate	\$ 8,000	*30.5%	\$ 2,462
Research Consultant	\$ 7,219	*30.5%	\$ 2,214
Program Assistant	\$25,442	*30.5%	\$ 7,183
Program Assistant	\$25,442	*30.5%	\$ 6,536
Student Assistant	\$12,772	3.0%	\$ 383
	191,627	<b>Total Fringes</b>	\$51,533

^{*} The University of Wisconsin increased fringe benefits on 7/1/98 to 32.5%

#### II. OTHER DIRECT COSTS

#### **Office Operations:**

Supplies - The requested supply budget was \$4,000. The supplies included paper, pens, pencils, tape, diskettes, file folders, meeting folders, labels, bubble envelopes, and other shipping supplies. These estimates turned out to be under actual costs of \$4471.

Printing - The requested printing budget was \$1,830 and \$2202 was actually spent. We estimated the cost of duplicating materials for the one-day home care workshop materials at \$1.75 each (150 packets), and for half-day workshops \$1.00 each (150 packets). Also included in our estimate is the cost of printing copies of draft

standards and related materials to be sent to reviewers, business cards for project staff, and stationery. We estimated the cost of duplicating materials for the first regional program to be \$189 (\$3 each for a total of 63 participants). These estimates turned out to be slightly under actual cost. The additional cost was the printing of letterhead.

Telephone - \$4435 was originally budgeted; \$2584 was actually spent on telephone charges. This included the cost of installing two new telephone lines for project personnel (\$85.20), one for the program assistant and the other for the project coordinator; rental and usage charges for those and already existing phone and fax lines. Yearly line rental for the two additional lines, plus existing lines totals \$810. Line usage for each line per month is estimated at \$20 per month or \$240 per year for a total of \$1,200. The remaining costs were for voice mail boxes on four of the lines. The monthly charge for voice mail is \$8 or \$96 per year, for a total of \$384. We had budgeted \$1,956 for conference calls to enable members of the APS Quality of Care Committee and other consultants to discuss proposed revisions in the JCAHO standards and to coordinate the development of the quality assurance programs, but have not yet needed to have such calls, but anticipate doing so in Year 2. We wish to move these expenses to Year 2.

Postage - The total amount spent on postage in year one was \$1366 of an original budget of \$3059. This payed for the mailing of routine correspondence, invitation letters to home care agencies, follow-up and reminder letters to participating program participants, correspondence with state peer review organizations, and drafts of the JCAHO standards for review (two review cycles to approximately 30 persons). Every attempt was made to conserve postage by attaching documents to e-mail and using bulk mailing, whenever appropriate. Postage costs were less than our anticipated budget this year. Some of the savings in Year One were due to increasing use of fax and email to disseminate information. Costs will probably be higher than originally anticipated in year two due to two unanticipated mass mailings of surveys related to the JCAHO standards revision project. We request to carry the surplus mailing budget to Year Two.

Service agreements - \$333 was spent on service agreements. This amount is significantly under the original budget of \$2,250. This includes \$250 for a copier service agreement, and \$2,000 for computer technical support for PC/Mac network software installation (10 hours), computer maintenance, including hardware and software installation, and trouble-shooting (two and one-half hours per month at \$50 per hour for a total of \$2,000). There is a large amount of service work that remains undone; we request to carry the additional monies to Year Two.

#### **Communications**

The requested communications budget was \$1,240, but nothing was spent. This budget included support for the Wisconsin Cancer Pain Initiative's web site (\$20 per month for a total of \$240) plus \$1,000 for production of poster displays to be shown at national meetings. We saved the website money by obtaining a free site from the Pharmacology Department of the University of Wisconsin. The poster has not yet been completed, but will be done in Year Two. We request to delay this expense to Year Two.

#### Software:

\$1160 was spent on software in Year One. The budget was for integrated software upgrades in the amount of \$594 which enabled us to produce all of the project's publications, slides, brochures, and other materials without outside assistance and additional cost. We are also requesting two copies of a fax software package (\$80 each for a total of \$160) that will enable us to send group-merge fax transmissions. This capability was important to the components of the proposal related to JCAHO standards revisions and interactions with the state peer review organizations. We delayed upgrading our operating system to Year Two, and request to carry over the funds for this upgrade.

#### **Equipment Less Than \$5,000**

The requested equipment budget for items less than \$5,000 each is \$17,418; the original budget was \$17,520. This includes

- \$1,230 for a new fax machine. Much of our communication will be done by fax: messages from consultants, reviewers, and others involved in the project.
- \$4,220 for a copy machine to duplicate reports for the Foundation, workshop materials, drafts of standards, routine correspondence, materials for home care agency self assessment, site evaluations, and other resource materials.
- \$4,967 for a color laser printer used for printing brochures, conference, and presentation materials as well as for more routine printing. The color functionality allows us to publish our own presentation materials, and will decrease the need for contracting with an outside vendor.
- \$798 for hardware upgrades of four computers
- \$2,290 for a portable notebook computer
- \$3,913 for two IBM compatible computers for use by the two program assistants.

#### **Meeting Costs:**

\$13,611 was spent on meeting costs. We did not spend the majority of the original \$43,960 budgeted for meeting costs because of a delay in the implementation of the national institutionalization project.

As stated in our original goals, we had proposed to work with the HCFA supported state peer review organization (now called quality improvement organizations) to improve the management of acute postoperative pain. We had successfully conducted such a pilot program with the Wisconsin QIO. QIOs in several other states had conducted pain projects which suggested general interest in the subject of pain.

We began another collaboration with Wisconsin QIO and with the help of one of their biostatisticians designed a strategy to test the impact of two intervention strategies: a hands-on meeting with hospital representatives and a self-learning module (the project in a box). We sought participation from 12 state QIOs; in the spring of 1998, seven expressed an interest in participating. However, they were reluctant to make a commitment to the project because HCFA was pressuring them to complete their current projects in a timely fashion.

In August, HCFA changed its operating procedures and determined that in the future, QIOs would have little flexibility with regard to project selection. HCFA has mandated that the QIOs work on 6 national projects. In addition, they may choose to work on 2 more. However, one must be an extension of one of the 6 national projects. Obviously, QIOs will have little flexibility and independence in future progress design. The changing climate among state QIOs has resulted in their being little progress on this phase of the project.

We are currently reformulating our plans and budget in response to this changing situation, and request that the entire surplus in this category be transferred to Year Two. Preliminary discussions with the American Hospital Association suggest that we may find it fruitful to collaborate with them on our project whose goal is to improve the management of post-operative pain.

#### **Project Staff Travel:**

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$15,353 was requested. \$5730 was spent.

JCAHO Standards Project - A total of \$531was spent on two trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip. We request to transfer the remaining \$405 surplus be transferred to Year Two for the same purpose.

Home Care Quality Assurance Programs - A total of \$1,293 was spent on site visits by project staff to 30 home care agencies in each of the two target areas (south central and northwest Wisconsin). We wish to transfer the remaining \$474 to Year Two for follow-up visits by project staff.

Hospital Quality Assurance Program Planning - A total of \$4,800 was requested to support two site visits by two project staff which would cover airfare, lodging for one night and meals. As described in the Meeting Costs section, we are currently reformulating our plans and budget in response to the changing situation with HCFA and the QIOs, and request that the entire surplus in this category be transferred to Year Two.

Faculty travel to Regional Training Program - A total of \$4,250 was requested for travel for five faculty. This figure is based on an estimate of \$850 to cover airfare, ground transportation, meals, and two nights lodging for each faculty member for each meeting. As described in the Meeting Costs section, we are currently reformulating our plans and budget in response to the changing situation with HCFA and the QIOs, and request that the entire surplus in this category be transferred to Year Two.

National Meetings - At total of \$3600 was spent to support the costs of travel, lodging and meals for three project staff to attend the annual meeting of the American Pain Society and the National Meeting for State Cancer Pain Initiatives.

#### III.INDIRECT COSTS

Indirect costs were calculated at a 9% rate of budget categories I and II for a total of \$30,655.

#### IV. EQUIPMENT

The requested equipment budget was \$2500. We purchased a computer projector unit to use with the notebook computer for presentations at meetings. Because the projector was used for allied projects, we used Wisconsin Cancer Pain Initiative funds to make up the difference in the \$5000 purchase price. We estimate that the projection unit along with the notebook computer above will continue to save us thousands of dollars in slide production costs (which is approximately \$3.50 per color slide). In addition, it will allow us to always have access to reliable equipment, as well as edit and change our presentations based on participant evaluations and the ever-emerging information in the pain management field.

### V. CONSULTANTS/CONTRACTUAL AGREEMENTS Contracts

#### Pain Education Videos production

The video series that are currently available for pain education are too expensive (\$500 or more) for most health care facilities. Project staff will produce a set of pain education videos that will be given to the facilities that participate in the pain management quality improvement meetings. The Resource Center will sell the tapes at cost after the project's end.

The video production studio of the University of Wisconsin School of Nursing has sophisticated facilities able to produce quality videos at far less than market prices. Production of 240 minutes of video is estimated at \$48,000. In contrast, commercial firms charge \$1,000 per minute for video production. In addition the budget includes \$12,600 for reproduction of 4,000 videotapes, and \$2,490 for covers for the video sets. We anticipate that there will be eight videos in the series. This plan will allow us to make 500 copies of an 8 video set.

Although the video scripts have been completed, the actual production of videos has not yet taken place, so no monies were spent on this line item. This production will occur during the next few months. We request to delay these expenditures to Year Two.

#### Research Associate

#### Research Associate, John Wuest 100% position

The primary responsibility of the research associate is to participate in the development of field analyses that assist in shaping the direction and content of JCAHO standards for all accreditation programs. He reviews, synthesizes, and analyzes significant trends in the environment that may have implications for future standards. The research associate also participates as a member of standards development teams which develop, revise, and review standards and scoring guidelines for all accreditation manuals. The research associate works in collaboration with Dr. Berry and other project personnel as well as members of the Standards Department of JCAHO to:

- Review literature to identify key issues associated with JCAHO standards, including major trends; social, economic, political, and regulatory initiatives; customer needs and expectations; cost/benefit implications; and positions of key organizations and other stakeholders.
- 2. Contact key external parties, including professional organizations, in order to obtain information pertinent to field analysis.
- 3. Conduct regular analyses of field information and, as assigned, prepare reports addressing future standards issues.
- 4. Assist in the development and revision of standards. This activity include preliminary drafting of examples of compliance, abstracting bibliographic references, and developing standards crosswalks between manual editions.
- 5. Assist with other projects as assigned. These may include activities related to survey process development and testing; cooperative agreements between the Joint Commission and other accrediting/regulatory bodies; and standards cost/impact studies

This will be a 100% position within the JCAHO with a salary of \$51,550 per year. With a 28% fringe benefit rate, the first year cost was \$65,984. The increase in cost of this position is due to an increase in JCAHO salaries which occurred after the submission of our initial proposal. We request to transfer surplus funds in the Year One Personnel category to cover this shortage. This surplus was created by the late start of Karen Stevenson and Patricia Berry.

#### **Consultants:**

#### Joleen Rischer, RN

Ms. Rischer has assisted Ms. Gordon with quality improvement programs with hospitals, a collaborative effort with the state peer review organizations. She will facilitate dissemination of the new JCAHO standards and the programs developed by this project. She is assisting with recruitment of participants for the regional programs and with design of educational programs that will allow hospitals to adapt standards to local conditions. She will be available to consult with local leaders to develop strategies for change, and provide links to other agencies. For these functions, the budget includes 52 days at \$375 per day for a total of \$19,500.

#### David Weissman, MD

Dr. Weissman will lend his expertise and experience to the development of the proposed pain quality improvement programs. He will also act as faculty for the Wisconsin and national training programs. For these functions, the budget includes 10 days at \$500 per day for a total of \$5,000.

#### Stephen R. Connor, PhD

Dr. Connor will act as consultant for revision of the JCAHO standards for home care as a representative of the National Hospice Organization. He will review the drafts of the standards, intent statement, scoring guidelines and survey questions and recommend changes as appropriate. For these functions, the budget includes 1 day at

\$300. The original budget included an additional \$300 for a second day of consulting. We request to carry this money over for consulting during Year Two.

#### Barbara Woodford, RN - unpaid consultant

Ms. Woodford is a nurse consultant with the Wisconsin Department of Health and Family Services. Over her 30 year nursing career, she has been a clinician, supervisor, administrator, educator and surveyor. She brings a strong background in regulatory issues, the survey process, quality assurance and quality improvement activities.

#### Thomas H. Brown, RN, MSN

Mr. Brown will review the revised JCAHO standards for home care and provide consultation on the content and conduct of the quality assurance programs for home care agencies. For these functions, the budget includes 1 day at \$300. The original budget included an additional \$300 for a second day of consulting. We request to carry this money over for consulting during Year Two.

#### Loriann De Martini, Pharm D - unpaid consultant

Dr. DeMartini acted as consultant for the JCAHO standards project by reviewing drafts of the JCAHO standards, intent statements, scoring guidelines, and survey questions.

#### Reviewers for JCAHO Standards for Long Term Care

We recruited two reviewers familiar with long term care to review the JCAHO standards for long care (Julie Griffie and Deb Ankowicz). For these functions, the budget includes 2 days at \$300 each for at total of \$600. The original budget included an additional \$300 for a second day of consulting. We request to carry this money over for consulting during Year Two.

#### Site visitor for the Home Health project (Mary Gerber)

Mary Gerber serves as the site visitorthe home care project in northwestern Wisconsin. Her fee for preparation, implementation, and follow-up for each of 35 site was \$7700. We request to transfer the addition \$2,800 to Year Two for follow-up visit costs.

#### Home health conferences guest faculty

The home care conferences were conducted by project staff and guest faculty. The cost of honoraria for Julie Griffie, Laura Krister, Sandra Muchka, and Gloria Stehley totaled \$2800. We request to transfer the remaining budget for use in the third homecare meeting in Year Two.

#### **Biographical Sketches of Key Personnel**

#### June L. Dahl, PhD

Dr. Dahl is a Professor of Pharmacology at the University of Wisconsin Medical School. She received the PhD in physical chemistry and conducted basic neuroscience research for several years. More recently her attention has focused on educational and advocacy efforts in the field of pain management. She is co-founder and Chair of the Wisconsin Cancer Pain Initiative, which is a World Health Organization demonstration project. She is Co-Director of the WCPI Role Model Program and Director of The Resource Center for State Cancer Pain Initiatives which was developed with funds provided by the Robert Wood Johnson Foundation. She serves on the Pain-Patient Care Team of the University of Wisconsin Hospital & Clinics. She has served as faculty for many quality improvement programs. She has been involved in the development of the Wisconsin Cancer Pain Initiative's educational materials for health care professionals, patients and families, is co-author of the Handbook of Cancer Pain Management and the Wisconsin Resource Manual for Improvement which will serve as the basis for the quality improvement programs with clinicians and administrators from various care settings. She has also been involved in the education of medical board members. Because she chaired Wisconsin's drug regulatory authority, the Controlled Substances Board, for ten years, she also brings an understanding of the impact of regulations on prescribing practices of clinicians. She chairs the Analgesic Regulatory Affairs Committee of the American Pain Society and serves on its Quality of Care Committee.

#### Patricia Berry, PhD, RN, CRNH, CS

Dr. Berry brings 20 years of experience in hospice and palliative care, and is a certified hospice and geriatric nurse practitioner. She also has extensive experience in undergraduate, graduate, and continuing education. She served as a hospice accreditation surveyor for the Joint Commission on the Accreditation of Healthcare Organizations for five years, co-authored the Hospice Nursing Standards of Practice and Professional Performance published by the Hospice Nurses Association, and oversaw the completion of and contributed to the Nursing Competencies published by the Wisconsin Cancer Pain Initiative. Her publications include barriers to pain management in hospice; handling, carrying, and disposing of controlled medications; care-giver and patient concerns about analgesics; and the importance of documenting care in specialty practices. She has lectured nationally on pain management, standards of nursing practice, regulations that impact hospice nursing practice, and safety issues in home care and hospice practice. She serves as faculty for the hospice nursing certification review course of the Hospice Nurses Association and has served as faculty for the model long-term care programs held in southeastern Wisconsin. For her doctoral dissertation, she examined cancer pain management in long-term care settings, including the perspectives of residents and close family members.

#### Debra Gordon, MS, RN, CS

Ms. Gordon is a Senior Clinical Nurse Specialist at the University of Wisconsin Hospital and Clinics in Madison, WI. She is founder and Co-Chair of the hospital's interdisciplinary Pain-Patient Care Team charged with developing and promoting improvements in pain management. In this capacity she has developed institutional standards and guidelines for the management of pain, organized educational programs for staff members and patients, and in collaboration with Dr. Ward monitored the impact of these efforts on pain management practices in the hospital. She is vice-chair of the American Pain Society's (APS) Quality of Care Committee, a contributing author to the APS Quality Improvement Guidelines and principal author of the Wisconsin Resource Manual.

#### Karen Stevenson, MS, RN

Ms. Stevenson has been an oncology clinical nurse specialist for over a decade, with a primary focus in palliative care. In her work in hospice and outpatient radiotherapy settings, she was responsible for both direct patient care, as well as the development of palliative care approaches. She has been the Outreach Program Manager of the WCPI since 1994. She has acted as a Palliative Care Consultant in private practice, and presented in multiple pain and palliative care education and institutionalization programs, including the WCPI Cancer Pain Role Model Program. She is co-author of the Wisconsin Resource Manual. Along with Kate Roberts, RN, she developed and piloted the pain management quality improvement program for the Home Health Program affiliated with the University of Wisconsin Hospital & Clinics which will be used as a template for the home health education portion of this program.

#### Kate Roberts, BSN, RN

Ms. Roberts is co-founder of the Center For Life & Loss Integration, and is a consultant there in grief and pain management. She was a founding member of HospiceCare, Inc. of Madison, WI, where she had direct management responsibilities for the interdisciplinary team for thirteen years. She has extensive experience in palliative care, communication, and team building. She has presented seminars on numerous topics including, grief and loss, pain and palliative care education and has served as a faculty member for the NCI funded Cancer Pain Role Model Program. She is also a palliative care consultant for the University of Wisconsin Home Health Agency and has been instrumental in developing a process to make pain management a priority in this setting. She is well recognized for her ability to foster professional growth and communication skills in the clinicians who care for patients in pain.

#### Sandra Ward, PhD, RN

Dr. Ward is an Associate Professor at the University of Wisconsin-Madison School of Nursing. Her research focuses on pain management in persons with cancer. As part of this effort she has conducted a number of quality assurance and improvement studies documenting outcomes of pain management. These studies were based on American Pain Society recommendations; her results demonstrated the need for guideline revision, a task which was completed late in 1995. She and her colleagues have published one of the few

longitudinal pain outcome studies. Unfortunately, their results demonstrated that undertreatment of pain remains a problem even in institutions committed to improving care for persons in pain. She is Chair of the Quality of Care Committee of the American Pain Society.

#### Joleen Rischer, RN

Ms. Rischer has nineteen years experience with the Utah PRO, HealthInsight. During the last five years she has managed multi-facility quality improvement projects which addressed specific diseases and/or procedures. She organized a team that adapted the AHCPR cancer pain guideline in facilities across Utah. This effort involved coordinating the work of people from state government, the local Cancer Pain Relief group, HealthInsight, hospitals, hospices, home health agencies, and nursing homes. As a result of this work, she currently serves as Vice President, Board of Directors of Cancer Pain Relief-Utah (the Utah Cancer Pain Initiative).

#### David E. Weissman, MD

Dr. Weissman, a medical oncologist and director of the MCW Palliative Medicine Program, is a nationally recognized expert in the field of pain and palliative care education. He has been director of physician education for the Wisconsin Cancer Pain Initiative since 1986, served as a member of the Expert Committee which developed the AHCPR Cancer Pain Guideline. Dr. Weissman is the founder and director of the WCPI Cancer Pain Role Model Program whose goals are to train health professional to be role models for cancer pain management. Since 1994 Dr. Weissman has been directing a series of programs aimed at improving the institutional culture of pain assessment and treatment in Wisconsin hospitals and long-term care facilities. The most current program is a highly successful effort to improve pain management services in 90 long-term care foundations throughout Eastern Wisconsin, and which is the model for the proposed quality assurance programs for long term care facilities.

#### Stephen R. Connor, PhD

Dr. Connor, a licensed clinical psychologist, is the Executive Director of Hospice of Central Kentucky and has a part time private practice in clinical psychology in Elizabethtown, Kentucky. He has been involved in organizing and managing hospice programs since 1975. He is the former chair of the National Hospice Organization's Standards & Accreditation Committee and currently chairs NHO's new Research Committee. He also chairs the Medical Guidelines Task Force that has developed the NHO Medical Guidelines for Determining Prognosis in Selected Non-Cancer Terminal Diseases. He worked for three years for JCAHO as a consultant hospice surveyor.

#### Loriann De Martini, Pharm D

Dr. De Martini is a pharmaceutical consultant with the California Department of Health Services, Licensing and Certification. As a pharmaceutical consultant with the Department of Health Services, she evaluates the delivery of pharmaceutical services in all licensed health care facilities in accordance with the California Code of Regulations and the Federal Code of Regulations. She is a member of the California Department of Health Services academy which trains all new health facilities surveyors. She participates

in the development and review of California and federal regulations as well as contribution to HCFA manuals on appropriate drug therapy. Her experience covers a wide spectrum of pharmacy practice, including general acute care hospitals, community practice, health maintenance organizations, skilled nursing facilities, psychiatric health facilities and drug and alcohol rehabilitation.

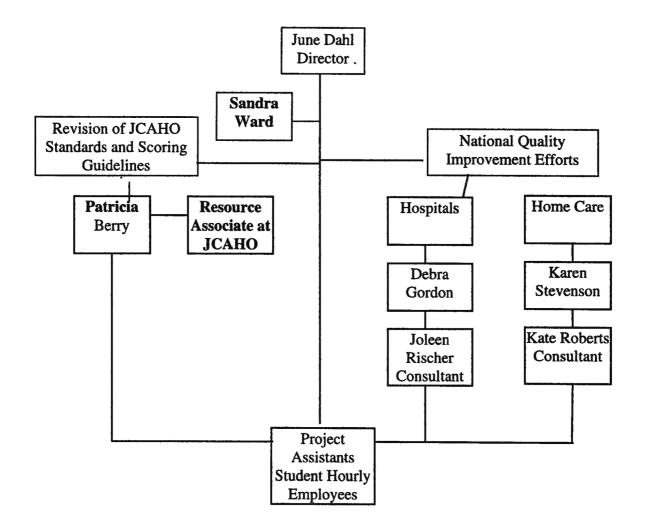
#### Barbara Woodford, RN

Ms. Woodford is a nurse consultant with the Wisconsin Department of Health and Family Services, division of Supportive Living, Bureau of Quality Assurance, Provider Regulation and Quality Improvement Section. She brings a strong background in regulatory issues, the survey process, quality assurance and quality improvement activities. Ms. Woodford has been and continues to be an active participant in the development of home health and hospice licensure and certification regulations. In her present role with the Bureau of Quality Assurance, she serves as a nursing consultant to Bureau and Department staff as well as the home health and hospice industries. She has primary responsibility for training home health and hospice surveyors in state licensure and federal certification requirements, and the outcome oriented survey processes. For the past 3 years, Ms. Woodford has served as faculty for HFCA training programs in home health and hospice.

#### Thomas H. Brown, RN, MS

Mr. Brown is currently the President of Home Health United. The agency is a not-for-profit corporation, sponsored by hospitals in Baraboo, Reedsburg and Sauk Prairie, WI and St. Mary's Hospital in Madison, WI. Home Health United provides nursing therapy, and home health aide, companion, and home making services. Home medical equipment, respiratory, and therapy services are provided directly. He earned his degrees in nursing administration from the University of Colorado with an emphasis in community health. He has previously held administrative positions in other hospitals and home health agencies in Nebraska, Texas and Wisconsin.

#### Overview of Roles and Relationships of Key Personnel





RG

4

July 10, 1998

June L. Dahl Ph.D.
Professor
Department of Pharmacology
Medical College of Wisconsin
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Reports Due

Dear Dr. Dahl:

This is a reminder that both the annual financial and annual progress reports for your grant in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals will be due in August.

The financial report should be in the same format as the approved grant budget. Guidelines for the completion of the annual progress report are attached. Please direct these reports to my attention. If you anticipate any difficulty in submitting these reports by August 31, 1998, kindly contact me.

Sincerely,

Karen J. Newton Financial Analyst

KJN\sam Enclosure

cc August P. Hackbart





May 28, 1998

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
Medical College of Wisconsin
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Accelerated Payment

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals.

As you know, the Foundation ordinarily disburses grant funds on an as needed basis following the receipt of a financial report. However, we have decided to accelerate the payments under this award. We are enclosing with a copy of this letter to August P. Hackbart a check for \$665,989. This payment represents 100 percent of your Year 1 and Year 2 budgets. Also, enclosed is your financial reporting form for your use when reporting expenditures.

Upon accepting this payment, we require that you continue to meet the following conditions.

- 1. Comply with all the terms in the "Conditions of Grant" form.
- 2. Report financial expenditures semi-annually.

Acceptance of this payment indicates your agreement to the conditions stated above. If you cannot agree to these conditions, kindly return the check to my attention.

Please note that while the Foundation does not prescribe the use of interest income, we encourage you to use all interest income resulting from our funding for the program supported by this grant.

If I can assist you further, please contact me at 609-243-5852.

Sincerely,

Karen J. Newton Financial Analyst

/KJN

cc: August P. Hackbart Rosemary Gibson

Office of the Vice President and Treasurer



-LCM

March 30, 1998

August P. Hackbart
Administrative Officer
Research & Sponsored Programs
University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706

Reference: I.D. #032037 - Transmittal of Next Payment

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your recent financial report, we note that cumulative expenditures as of January 31, 1998, have been \$155,855. The Foundation has made payments to date totaling \$275,630 leaving you a cash balance as of January 31, 1998, of \$119,775. Enclosed with this letter is our check for \$155,855. This check equals your next payment less your cash balance. Also enclosed is your financial reporting form for your use when reporting expenditures.

If I can assist you further, please contact me at 609-243-5852.

Sincerely,

Karen J. Newton Financial Analyst

/FO1 Enclosures

cc: June L. Dahl, Ph.D. Rosemary Gibson

Office of the Vice President and Treasurer



## <u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

March 16, 1998

Gail I. Benish
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P O Box 2316
Princeton N J 08543-2316

MAR 1 9 1998
FINA WHALL WORLD ON ING

In reply, please refer to UW Acct No. 133-BL70

RE: Grant #032037

Dear Ms. Benish:

Enclosed is our semi-annual financial report on the above-referenced grant for the period August 1, 1997 through January 31, 1998 under the direction of June L. Dahl.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,

Mary C. Koscielniak

Accountant

Enclosure

cc: Dahl, June - Pharmacology Chair - Pharmacology Med Schl Fiscal Svcs

File

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. No.: 133-BL70

FA: GIB PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1'

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998

Robert C. Andresen (608) 262-2896

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

Revised:

EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount	08/97-01/98	02/98-07/98							
PERSONNEL										
Project Director	33,368	16,804.08						16,804.08	16,563.9	
Project Coordinator	39,200	13,828.95						13,828.95	25,371.0	
Project Associate	14,076	6,144.55						6,144.55	7,931.4	
Project Associate	30,800	10,865.57						10,865.57	19,934.4	
Project Associate	8,000	4,000.02						4,000.02	3,999.9	
Research Consultant	7,219	3,586.55						3,586.55	3,632.4	
Program Assistant	23,920	10,600.85						10,600.85	13,319.1	
Program Assistant	23,920	10,600.85						10,600.85	13,319.1	
Student Assistant	14,560	4,382.00						4,382.00	10,178.0	
Fringe Benefits	60,960	23,443.06						23,443.06	37,516.9	
Personnel Subtotal	256,023	104,256.48						104,256.48	151,766.5	2
OTHER DIRECT COSTS										
Supplies	4,000	1,503.66						1,503.66	2,496.3	
Printing	1,830	951.33						951.33	878.6	<i>i</i> 7
Telephone	4,435	964.72						964.72	3,470.2	
Postage	3,059	1,839.68						1,839.68	1,219.3	
Service Agreements(s)	2,250	2,475.41						2,475.41	(225.4	
Communications/Mrkting	1,240	0.00						0.00	1,240.0	
Software	1,446	1,213.19						1,213.19	232.8	11
Equipment less than \$5000	17,520	15,530.99						15,530.99	1,989.0	11
Meeting Expenses	43,960	1,926.00						1,926.00	42,034.0	Ю
Travel	15,353	2,806.54						2,806.54	12,546.4	6
Other Direct Subtotal	95,093	29,211.52						29,211.52	65,881.4	8

### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 181 of 373. PageID #: 394390

FINANCIAL REPORT

The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Acct. No.: 133-BL70

FA: GIB PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998 Grant Period: Aug-01-1997 to Jul-31-2000

Robert C. Andresen (608) 262-2896

Budget for Year : 1

Revised:

EXPENDITURES

92 &	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
Item	Budget Amount							<u> </u>		
INDIRECT COSTS	31,600	12,012.12						12,012.12	19,587.88	
EQUIPMENT	2,500	2,500.00						2,500.00	0.00	
CONSULTANT/CONTRACTUAL	166,044	7,875.00						7,875.00	158,169.00	
Cons/Contrct Subtotal	168,544	10,375.00						10,375.00	158,169.00	,
		and the second s						4EE 0EE 40	20E 404 00	
Grand Total	551,260	155,855.12					www.commonneneeneeneeneeneeneeneeneeneeneeneenee	155,855.12	395,404.88	)

KTA 3/27/98

Robert C. Andresen, Admin. Officer

Research & Sponsored Programs

# Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/180182 of 373. PageID #: 394391

GRANT ACTION SHEET

I.D.#: 032037 DATE REC'D: April 24, 1997 INST: University of Wisconsin-Madison Medical School Madison, WI 53706 TITLE: Project to make pain assessment and treatment an integral part of the health care system APPLICANT(S): June L. Dahl \$0.00 MONTHS: -8 -81,601,991 NEW PROPOSAL DOLLARS: -\$0.00 FIRST-SCREEN REVIEW: PENDING Rosemary Gibson REVIEWED BY: _____ DATE: ____ DECLINED BY: _____ DATE: ASSIGNED TO: ACTIVE REVIEW & DEVELOPMENT: PO: <u>QG</u> PA: <u>LLM</u> SITE VISIT DATE(S): _____ DECLINED BY: DATE: DECISION GROUP REVIEW: GDWG 1, 2, 3, 4; (PSM); PDC DATE: 6-10-97 CONSULTANTS USED: DOLLARS: ____ MONTHS: DATA TAPE REQUIRED: ( YES / NO )) ANTICIPATED RENEWAL: RENEWAL EXPECTED: ( YES / (NO)) ANTICIPATED BOARD DATE: ESTIMATED DOLLARS: ____ ESTIMATED MONTHS: RED FOLDER APPROVAL: PO: R6 FMO Silver FINAL DOLLARS: 4,601,991 FINAL MONTHS: 36 TREASURER'S OFFICE: Vote Con \$1.00 LA91 DATE: 7-10-97 VP, GEN. COUNS., & SECRETARY: PROGRAM OFFICE: ____ DATE:



July 31, 1997

August P. Hackbart
Administrative Officer
Research & Sponsored Programs
University of Wisconsin-Madison
750 University Avenue
Madison, WI 53706

Reference: I.D. #032037--Conveyance of Funds, Guidelines, and Forms

Dear Mr. Hackbart:

This supplements our recent award letter in regard to your grant for \$1,601,991 in support of supporting quality improvement and JCAHO standard setting for pain management in hospitals.

The Foundation's policy is to disburse your grant funds semi-annually. Your first check for \$275,630 is enclosed. Also enclosed is a Financial Report form. This form must be completed semi-annually and returned to this office when additional cash is needed.

Under extraordinary circumstances, payments may be either accelerated or decelerated. Therefore, you should submit the financial report whenever it becomes evident that your remaining cash balance will be depleted.

As you know, the Request for Project Support and Conditions of Grant form contains a number of specific additional instructions regarding the handling of funds. Since you are responsible for conforming to these instructions, I am attaching a copy for your reference. In addition, a copy of the "Grant Budget Revision Guidelines" and "Financial Reporting/Budgeting Practices," which must be followed if a budget revision becomes necessary, is also attached. These guidelines and practices represent a departure from previous Foundation policies, please read them carefully.

Annual financial and narrative reports on this grant will be due shortly after each budget period. You will receive a reminder in advance of the due date of these reports.

Office of the Vice President and Treasurer

When submitting all correspondence under your grant, reference the above-captioned grant number. If someone other than yourself will be the financial contact person on this grant, please supply us with that information. Your contact person at the Foundation for financial matters is Gail I. Benish.

If you have any questions, please call or write to Mrs. Benish directly AT (609) 243-5846.

Sincerely,

Peter Goodwin Vice President and Treasurer

/LMC Enclosures

cc: June L. Dahl, Ph.D. Rosemary Gibson

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: GIB PA: LLM PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Grant Number: 032037

Budget Period: Aug-01-1997 to Jul-31-1998

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year : 1

Revised:

#### EXPENDITURES

Item	Approved Budget Amount	Period 1 08/97-01/98	Period 2 02/98-07/98	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
PERSONNEL						744 - 744	4			
Project Director	33,368									
Project Coordinator	39,200									
Project Associate	14,076									
Project Associate	30,800									
Project Associate	8,000									
Research Consultant	7,219									
Program Assistant	23,920									
Program Assistant	23,920									
Student Assistant	14,560									
Fringe Benefits	60,960									
Personnel Subtotal	256,023									
OTHER DIRECT COSTS										
Supplies	4,000									
Printing	1,830									
Telephone	4,435									
Postage	3,059									
Service Agreements(s)	2,250									
Communications/Mrkting	1,240									
Software	1,446									
Equipment less than \$5000	17,520									
Meeting Expenses	43,960									
Travel	15,353									
Other Direct Subtotal	95,093									

#### Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 186 of 373. PageID #: 394395

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: GIB PA: LLM PO: RG

Grantee: University of Wisconsin-Madison Medical

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037 Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1997 to Jul-31-1998

Grant Period: Aug-01-1997 to Jul-31-2000

Budget for Year: 1

Revised:

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
	Budget Amount 0	08/97-01/98	02/98-07/98							
INDIRECT COSTS	31,600									
EQUIPMENT	2,500									
CONSULTANT/CONTRACTUAL	166,044									
Cons/Contrct Subtotal	168,544									
Grand Total	551,260									

Page: 2 .



July 24, 1997

David Ward, Ph.D. Chancellor University of Wisconsin-Madison 161 Bascom Hall 500 Lincoln Drive Madison, WI 53706

Reference: I.D. #032037

Dear Chancellor Ward:

It is a pleasure to inform you that The Robert Wood Johnson Foundation has approved a grant of \$1,601,991 to the University of Wisconsin-Madison Medical School in 36-month support of technical assistance to the Joint Commission on the Accreditation of Healthcare Organizations to establish standards for the assessment and treatment of pain in the terminally ill, under the direction of June L. Dahl, Ph.D.

The funds are to be used in accordance with the proposal to the Foundation and the terms and conditions outlined in the Request for Project Support, dated June 19, 1997. They are also to be used in accordance with the final budget and are to be applied over the period August 1, 1997, through July 31, 2000.

Our Treasurer's Office will be in touch concerning payment of this grant and reporting requirements. During the period of this grant, any questions you may have should be addressed to Rosemary Gibson, who will have responsibility among our staff for this activity.

The Foundation will issue a news release on this grant award. Senta German of our Communications Office will coordinate the announcement with all concerned parties, and you should address any inquiries to her. Any additional announcements you plan to make to the news media are subject to approval in advance by the Foundation's Communications Office.

All of us at The Robert Wood Johnson Foundation wish you success in carrying out this important undertaking.

Sincerely,

Steven A. Schroeder, M.D.

SS:opm

cc: June L. Dahl, Ph.D. August P. Hackbart

Office of the President

# THE ROBERT WOOD JOHNSON FOUNDATION RELATED PEOPLE ON GRANT: 032037

Page: 1

Name	Position, Institution and Address	Grant Related Role
Dahl, June L. Ph.D.	Professor	Correspondent
	Medical College of Wisconsin	Project Director
	Department of Pharmacology	
	1300 University Avenue, Room 3675	
	Madison, WI 53706 <b>Phone:</b> 608-262-0978	
	Fax: 608-265-4014	
Hackbart, August P.	Administrative Officer	Financial Contact
	University of Wisconsin-Madison	Financial Officer
	Research & Sponsored Programs	
	750 University Avenue	
	Madison, WI 53706	
	Phone: 608-262-0152	
	Fax: 608-262-5111	
Ward, David Ph.D.	Chancellor	Principle
	University of Wisconsin-Madison	-
	161 Bascom Hall	
	500 Lincoln Drive	
	Madison, WI 53706	
	Phone: 608-262-9946	

DRAFT 4, 6/20/97 PROGRAM STAFF, 6/10/97 NEW

A PROJECT TO REVISE THE STANDARDS OF THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS TO INCLUDE PAIN MANAGEMENT IN THE TERMINALLY ILL AND INITIATE A QUALITY IMPROVEMENT PROCESS IN HEALTH CARE INSTITUTIONS TO IMPROVE PAIN TREATMENT

UNIVERSITY OF WISCONSIN MEDICAL SCHOOL -- I.D. 32037 June Dahl, Ph.D.

\$1,606,924 for a three-year period (8/1/97 - 7/31/2000) 4/,601,991

Foundation Staff: Rosemary Gibson, Victoria Weisfeld, Robert Hughes, and Linda Manning

## **Summary**

In this unsolicited project the Wisconsin State Cancer Pain Initiatives staff at the University of Wisconsin Medical School will provide technical support to the Joint Commission on Accreditation of Healthcare Organizations (FCAHO) to establish standards for the assessment and treatment of pain in the terminally These standards will be incorporated in the JCAHO's ill. accreditation process. Project staff will simultaneously jump-start a nationwide quality improvement process in pain management in hospitals and other institutions accredited by JCAHO. Project staff will provide technical assistance to cancer pain initiatives in other states that will, in turn, work with providers in their respective states that wish to participate in this voluntary learning opportunity. Foundation funds will be used primarily to support staff at the University of Wisconsin State Cancer Pain Initiative, and some staff at the JCAHO as well as travel expenses and the development of educational materials. June L. Dahl, Ph.D., Chair of the Wisconsin Cancer Pain Initiative, will be Project Director.

## **Background**

The SUPPORT study showed a high incidence of uncontrolled pain in very ill and dying adults. The failure of hospital staff to routinely assess and document pain, a lack of practical treatment protocols, and the often accepted view that pain is an insignificant symptom continue to impede progress. Health care institutions need to address these barriers in their practice settings to ensure that all patients receive quality pain management. The resulting improvements in functional status and quality of life can prevent needless suffering and reduce the financial burden of unrelieved pain on the health care system and society as a whole.

The University of Wisconsin Medical School is the home of the national hub of the State Cancer Pain Initiatives. With Foundation support in 1993 (I.D. 20623), the Wisconsin State Cancer Pain Initiative established cancer pain initiatives in the 49 other states. The role of a state cancer pain initiative is to provide health care professionals, policymakers, and the public with information about effective treatment of cancer and other pain. The Wisconsin State Cancer Pain Initiative staff are widely recognized as national and international experts in pain management. The JCAHO accredits more than 15,000 health care organizations in the United States including 98 percent of all hospital beds, 20 percent of nursing homes, and 10 percent of home health agencies.

## The project

Description. In this project, the University of Wisconsin State Cancer Pain Initiative staff will provide technical consultation to the JCAHO as it develops standards for pain assessment and treatment for the terminally ill with cancer and non-cancer diagnoses. These standards will be incorporated in the JCAHO accreditation process. The development and testing of standards usually takes an average of two years. A limited amount of Foundation funds will be used to support JCAHO staff which will accelerate the development of standards. The technical consultation will include such tasks as drafting standards language, scoring guidelines, and survey questions.

As this standards development process gets underway, project staff will coordinate a national pain management quality improvement effort to help hospitals as well as nursing homes and home care agencies implement improvements in the procedures to improve the assessment and management of pain.

**NEW PROPOSAL** 

# SUPPORTING QUALITY IMPROVEMENT AND JCAHO STANDARD SETTING FOR PAIN MANAGEMENT IN HOSPITALS

UNIVERSITY OF WISCONSIN-MADISON MEDICAL SCHOOL -- I.D. 32037 June L. Dahl, Ph.D.

\$1,601,991 for a three-year period (8/1/97 - 7/31/2000)

Foundation Staff: Rosemary Gibson, Victoria Weisfeld, Robert Hughes, and Linda Manning

## **Summary**

In this unsolicited project, the Wisconsin State Cancer Pain Initiatives' staff at the University of Wisconsin Medical School would provide technical support to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to establish standards for the assessment and treatment of pain in the terminally ill. standards would be incorporated in the JCAHO's accreditation process. Project staff would simultaneously jump-start a nationwide quality improvement process in pain management in hospitals and other institutions accredited by JCAHO. Project staff would provide technical assistance to cancer pain initiatives in other states that will. in turn, work with providers in their respective states that wish to participate in this voluntary learning opportunity. Foundation funds would be used primarily to support staff at the University of Wisconsin State Cancer Pain Initiatives, and some staff at the JCAHO, as well as travel expenses and the development of educational materials. June L. Dahl, Ph.D., Chair of the Wisconsin Cancer Pain Initiatives, would be the project director.

## **Background**

The SUPPORT study showed a high incidence of uncontrolled pain in very ill and dying adults. The failure of hospital staff to assess and document pain routinely, a lack of practical treatment protocols, and the often accepted view that pain is an insignificant symptom continue to impede progress. Health care institutions need to address these barriers in the practice settings to ensure that all patients receive quality pain management. The resulting improvements in

functional status and quality of life can prevent needless suffering and reduce the burden of unrelieved pain on the health care system and society as a whole.

The University of Wisconsin Medical School is the home of the national hub of the State Cancer Pain Initiatives. With Foundation support in 1993, the Wisconsin State Cancer Pain Initiatives established cancer pain initiatives in the 49 other states. The role of a state cancer pain initiative is to provide health care professionals, policymakers, and the public with information about effective treatment of cancer and other pain. The Wisconsin State Cancer Pain Initiatives' staff are widely recognized as national and international experts in pain management. The JCAHO accredits more than 15,000 health care organizations in the United States including most hospitals, 20 percent of nursing homes, and 10 percent of home health agencies.

### The project

<u>Description</u>. In this proposed project, the University of Wisconsin State Cancer Pain Initiatives' staff would provide technical consultation to the JCAHO as it develops standards for pain assessment and treatment for the terminally ill with cancer and noncancer diagnoses. These standards would be incorporated in the JCAHO accreditation process. The development and testing of standards usually takes an average of two years. A limited amount of Foundation funds would be used to support JCAHO staff in order to accelerate the development of standards. The technical consultation would include such tasks as drafting standards language, scoring guidelines, and survey questions.

As this standards development process gets underway, project staff would coordinate a national pain management quality improvement effort to help hospitals, as well as nursing homes and home care agencies, implement improvements in the procedures to improve the assessment and management of pain.

In this project, the Wisconsin project staff would provide technical support to other state cancer pain initiatives to enable them to teach participating hospitals methods for the assessment and treatment of pain. State Professional Review Organizations have indicated their willingness to provide substantial in-kind contributions to assist in this national quality improvement process. They would provide pre- and post-intervention data to assess the impact of the pain management quality improvement process. The process would involve a number of steps, including the development of a methodology for performing collaborative quality assurance, assessing the current state of practice in pain management in

participating hospitals, developing a plan for improving the quality of pain assessment and management, implementing the plan, assessing the barriers to implementation, and communicating the outcomes of the interventions. It is expected that many hospitals would be eager to participate in this learning and improvement process in anticipation of JCAHO incorporating standards for effective pain management. Approximately 42 percent of project funds would be used for standard development; the remainder would be for quality improvement.

<u>Underlying strategy</u>. The development of standards, coupled with a quality improvement effort to help health providers meet those standards, would have enormous leverage over the health care system to improve the management of patients' pain and thereby help to address a major deficiency in our health care system identified in SUPPORT. The standards emanating from this project would apply to virtually all hospitals and the nursing homes and home health agencies that seek JCAHO accreditation.

<u>Limitations/risks</u>. The national quality improvement process would focus on clinical skills in pain management. The adoption of good clinical skill may not be sufficient to overcome institutional barriers to effective pain management. The prospect of JCAHO standards, however, may help overcome institutional resistance to change.

#### Discussion

June L. Dahl, Ph.D., Professor of Pharmacology at the University of Wisconsin Medical School, would serve as project director. She is co-founder and Chair of the Wisconsin Cancer Pain Initiatives which is a model for cancer pain initiatives nationally.

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## RECEIVED

AUG 1 4 2001

THE ROBERT WOOD JOHNSON FOUNDATION

August 10, 2001

Rosemary Gibson The Robert Wood Johnson Foundation Senior Program Officer College Road East/ Route 1 Princeton, NJ 08543-2316

Dear Rosemary,

I've enjoyed our conversations and am honored that you would call me to discuss a possible use for leftover funds. I know you will make fair and wise decisions and I was extremely excited to learn about your book. I've been fantasizing about book jackets

I have enclosed a copy of the recent issue of the newsletter from the Michigan Cancer Pain Initiative. Since there is such a negative regulatory climate in that state, we are seeking funds to support a regulatory "summit" there.

However, the major reason for sharing the Michigan newsletter is to point out the impact that the Practice Change Programs have had. You will recall that one of the goals of the Foundation funded grant to support the growth and development of state cancer pain initiatives was to provide funding to a small number of initiatives to support practice change programs.

Michigan is one of 6 states that was awarded a grant. You will note the enthusiasm for the project conveyed in the President's message. A review by Penny Murphy, the Project Director appears later as does a personal statement of the impact of the program on one of the participants, Kathleen Murphy.

I was in Richmond, Virginia on Monday to speak at their Practice Change Program seminar and asked their Project Director how many patients were cared for in the 18 facilities that are participating. She estimated 81,000! We know that those folks have their pain assessed and are receiving patient education materials. I am just amazed at how strongly the six participating states have embraced the programs. Our gratitude to you and the Foundation for making this happen.

With best personal regards,

igle L. Dahl, PhD

Professor

Department of Pharmacology

23000 Mack Suite 200 St. Clair Shores, MI 48080

Initiative MCPI Newsletter

Number 17

July 2001

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# President's Message

Our organization is small but mighty. Can you believe we're entering the final phase of our 10month project, Institutionalizing Effective Pain Management Practices? All that work to apply for the grant and raise the local funds necessary to support the project truly paid off. Read Penny Murphy's article in this newsletter to learn about some of the successes, challenges, and pleasant surprises we encountered as a result of working with our 22 community hospital, home care, and long term care agencies. Our final conference for this program is scheduled for August 21 Following that conference we will compile data on the study outcomes which will be shared with our MCPI membership.

I was privileged to represent MCPI at the American Alliance of Cancer Pain Initiatives (AACPI) national meeting in Madison Wisconsin this past June The conference focused on two major themes: (1) Identifying ways to strengthen local initiatives (that's us!) and (2) Increasing awareness of cultural diversity issues and their implications for pain management. There were many excellent presentations. I'll just highlight a few of them.

Despite all of our struggles, MCPI was recognized several times for the good work we've done in assembling that excellent grant application last summer, distributing an informative newsletter, and identifying clear

goals for our organization. Several of our materials have been included in "tool boxes" to help other initiatives. Congratulations MCPI!

Several national and state leaders shared ways to strengthen organizations that are relevant to state cancer pain initiatives. We must maintain a cadre of active members-doers. That's a challenge for most organizations. We have several board positions open, and are considering filling them before the next election cycle. We are looking for committed activists in clinical care, administration, business. computer technology and representatives from the community-atlarge. If you or someone you know is such a person, please (oh please) contact one of the MCPI board members. This is rewarding work, and we're a pretty fun bunch of people with whom to work Remember, all board meetings are open to members - so come check us out!

Strength also comes from being financially secure. All this year we have worked to raise money in little spurts—a \$5,000 donation here, and \$200 donation there. This is precious to us, not only because these monies allowed us to launch our wonderful pain improvement project, but because each donor helps increase the awareness of the

Cont'd on page 2

PAGE 2 MCPI NEWSLETTER NUMBER 17

# President's Message Cont'd

importance of good pain management. Now it is time to look for larger donations and more steady funding. Perhaps you, a grad student you know, or someone you could call on would be willing to work on a project to help us accomplish this financial goal. The volunteer we're seeking could work on one project, during one season, or for one year. Long term commitments are welcome, but not a prerequisite for volunteering. Several speakers at the national meeting identified fund-raising strategies. These can be very successful, but they do take time.

Our collective cultural consciences were raised at the AACPI meeting by a number of prominent speakers including Dr. Bernice Harper, Medical Care Advisor from the Department of Health and Human Services (DHHS), Dr. Richard Payne, Chief of the Pain and Palliative Care Service at Memorial Sloan-Kettering, Linda Burhanssitipanov, Executive Director of Native American Cancer Research, and

2

others. We learned about underserved populations who are at especially high risk for inadequate pain relief, and we learned how "cultural competency" (knowing about oneself and others) can improve the care we give. To this end, I applied for and have been accepted into a City of Hope course on "Pain Education for Patients and the Public" partially sponsored by a DHHS grant. This course would help MCPI prepare to extend its educational outreach beyond the healthcare community to include patients and the public. This kind of outreach is a critical component of improving pain management. For example, it has long been understood that the well-educated community knows what to expect from healthcare, and that systems will ultimately respond to these increased expectations (as demonstrated by almost universal mammography screening, colon screening, prostate screening, and pap testing in this country). I've met with several leaders from other states who have launched community education projects. All said this was very rewarding work. Our board will be discussing what role MCPI should have in these community education endeavors. Your ideas would be very helpful!

Several MCPI Board members have been asked to speak to professional groups about the JCAHO standards, use of opioids, and other issues relating to pain management. We are happy to respond, and hope these contacts will lead to increased support of MCPI.

I do hope you are all enjoying these summer months. For me, sunlight, fresh produce, and that little increase in socializing that happens so naturally in the summer, makes this an especially precious time. Please remember that improving pain management takes a sustained and coordinated effort. Enjoy the summer, and please—carve out a little time for MCPI.

Wendy Goldberg

## **General Membership Meeting**

Monday, September 10, 2001 6:30 - 8:30 PM East Fee Hall, MSU Campus East Lansing

Following dinner and a brief business meeting, "Completing a Life" will be presented and demonstrated by Karen Ogle, MD, Les Bricker, MD, Darcy Green, MFA, Dan Mishkin, and Angela Lambing, MSN, RNCS. This is a new interactive CD-ROM on end of life care for patients and families which they have created through a collaborative effort of Michigan State University, Henry Ford Health Systems, and the Robert Wood Johnson Foundation.

Save this date now - you will receive a flyer with a map and specific directions soon.

20

PAGE 3

# **Future Conferences--Save These Dates!!**

August 29, 2001 9:30 a.m. – 3:30 p.m.
END-OF-LIFE CARE - IMPROVING INTERDISCIPLINARY
EDUCATION OF HEALTH PROFESSIONAL STUDENTS
Four Points Sheraton - Detroit, Metro Airport
Romulus, Michigan

Care near the end of life is most effectively delivered by an interdisciplinary team of well-prepared health care providers. However, we educate our future professionals isolated from other disciplines. Not only do students need to learn how to work with an interdisciplinary team, they should also understand and appreciate the role and capacity of their colleagues. The Michigan Partnership for the Advancement of End-of-Life Care invites educators, administrators, and clinical supervisors from health professional schools to meet with David Weissman MD for a full-day session on improving end-of-life care education for health professional students through interdisciplinary strategies. MCPI is one of the partners in the Michigan Partnership for the Advancement of End-of-Life Care.

September 7, 2001 1:00 p.m. – 5:30 p.m.
Policy and Practice of Pain Management
The Dearborn Inn
Dearborn, MI

This half-day program is sponsored by the Wayne State University College of Nursing and the Wayne State University School of Medicine. The conference features national and state leaders in pain management and pain policy including David Joranson, Director of the Pain and Policy Studies Group in Wisconsin; Mitchell Max, Chief of the Clinical Trials Unit at the National Institute of Dental Research; James Haveman, Director of the Michigan Department of Community Health; and our own Ada Jacox, retired Dean of Nursing Research at Wayne State University. Following the conference, a dinner honoring Dr. Jacox will be held at the Dearborn Inn. Separate reservations are required for the conference and the dinner. For more information, please contact the Dean's Office: 313-577-4070.

October 11, 2001 8:00 a.m. – 4:00 p.m.
The 2001 Conference on Pain: Gaining Insight and Making a Difference
Burton Manor, Livonia, Michigan

This annual conference will focus on a wide array of practical pain management applications for nurses and other health care professionals. Some of the topics covered during the one-day program include: Pain Management and the Cognitively Impaired, Headache Pain, Low Back Pain, Pediatric Pain, Substance Abuse and Pain Management, and Pain Management during End of Life Care. At the conclusion of the conference, a scientist will describe his personal experiences after a traumatic injury emphasizing how nurses made a difference in symptom control and his ultimate recovery. The 2001 Conference on Pain is sponsored by the Henry Ford Health System, the University of Michigan Health System, and the St. Joseph Mercy Health System of Ann Arbor. For more information, please contact Carol Williams 734-764-6326.

## Les Bricker Wins Distinguished Achievement In Pain Management

The American Alliance of Cancer Pain Initiatives (AACPI) honored Dr. Leslie Bricker, oncologist and MCPI Board member, with one of three awards for outstanding service and commitment to pain relief nationwide. This wonderful award is bestowed upon individuals who have demonstrated: 1) significant involvement in their state pain initiative, 2) a history of contributions to the AACPI, and 3) noteworthy achievement in pain management practice, education or research that has supported the state pain initiative movement. The MCPI Board nominated Dr. Bricker for the award, and we're so pleased that he has received this well-deserved recognition. Dr. Bricker's name was announced at AACPI's national meeting and printed in the meeting syllabus. A plaque commemorating the award was given to Dr. Bricker at MCPI's July Board Meeting.

Way to go, Les!

## Wendy Goldberg Receives Nightingale Award for Nursing Practice

It is both good and appropriate to publicly recognize our nursing heroes; those professional nurses who demonstrate for all of us – healthcare provider and healthcare consumer alike – those things that make nursing the unique career that it is. In that spirit, our very own Wendy Gail Goldberg, M.S.N., R.N., C.S., was nominated for and awarded the Nightingale Award for Nursing Practice. The award is given annually by Oakland University to recognize the one individual who most closely exemplifies the performance and standards of the professional nurse in clinical practice.

The award letter speaks to many of Wendy's professional achievements. It describes her clinical contributions – her tireless efforts to improve pain management for patients in Henry Ford Hospital, the state, and the nation. Wendy carries those efforts through in her work with the Michigan Cancer Pain Initiative. As our current president, she has led us into many new endeavors to help improve pain management in Michigan. One of her major achievements has been her efforts to have us become a recipient of the RWJ grant Institutionalizing Effective Pain Management Practices, and her leadership as we participate in this project.

Wendy is recognized for her patient advocacy. "She is prized by the hospital's clinicians for her willingness to do whatever is necessary to provide requisite assistance for staff, and for patients and their families. Wendy accomplishes her goals both by direct intervention and by education for and empowerment of professional and assistive staff, of patients and their families. Wendy personifies respect for the individual – whoever s/he is and wherever s/he is found.

Wendy is known and recognized for her professional authorship, her abilities as teacher and mentor, and her gifts of herself to her community. "Well done, thou good and faithful servant."

## Congratulations to Penny Murphy

MCPI offers our congratulations to Penny Murphy, who is the project director for our *Institutionalizing Effective Pain Management Practices* Project. Penny has recently been named the new Executive Director of the Michigan Hospice and Palliative Care Organization.

## **Definitions: Addiction, Physical Dependence, Tolerance**

Yes, these are terms we all know. But many health care providers do not really understand them, nor do they agree on definitions that distinguish these three distinct concepts. Misconceptions resulting from that lack of understanding have certainly been one of the barriers to good pain management.

In February of 2001, The American Academy of Pain Medicine (AAPM), the American Pain Society (APS), and the American Society of Addiction Medicine (ASAM) issued a consensus document entitled *Definitions Related to the Use of Opioids for the Treatment of Pain.* These three professional groups, representing both the pain and the addiction communities, formed a liaison committee to address the confusion about the nature and risk of addiction when opioids are being used to manage pain. Edward Covington, MD, Director of the Chronic Pain Rehabilitation Program at the Cleveland Clinic and past president of AAPM, is quoted as saying "We needed agreement about what is and what is not an addictive disorder. The addiction community was concerned because of inaccurate diagnosis. The pain community was concerned about over-diagnosis of addiction when it didn't exist, and how this misdiagnosis interfered with treatment with opioids."

Following are the definitions which they recommend for use:

#### **Addiction**

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

#### **Physical Dependence**

Physical dependence is a state of adaptation that is manifested by a drug class specific with-drawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

#### Tolerance

Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

More information about this consensus statement can be found on the websites of these three organizations:

AAPM: http://www.painmed.org/product-pub/statements/opioidstmt.html

APS: http://www.ampainsoc.org/advocacy/opioids.htm

ASAM: http://www.asam.org/ppol/paindef.htm

Marilyn Harton

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## Institutionalizing Effective Pain Management Practices

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As most of you know, the Michigan Cancer Pain Initiative is the recipient of a grant from the American Alliance of Cancer Pain Initiatives (AACPI), to implement a project aimed at helping agencies (home health, long term care, and community hospitals) improve their pain management practices. The grant, sponsored by the Robert Wood Johnson Foundation and administered by AACPI, was awarded to six Cancer Pain Initiatives in the United States. MCPI is proud to be among this select group.

Agency enrollment began in January 2001 with 22 agencies currently enlisted in the project. The Joint Commission on Accreditation of Health Cares new standards on pain management were used as the basis for the pain management improvement targets. To date, several phases of the project have been completed. An on site pre-assessment of each agency=s pain management practices was completed by the Project Director. The pre-assessment provided the agencies with baseline information about their current pain management practices. In March, the agencies completed 10 outcomes-based patient interviews measuring patients opinions on how well their pain was being controlled. Each agency appointed a pain team charged with championing pain improvements in each individual setting. Members of all the pain teams attended a two-day educational conference in March. The conference focused on pain assessment, equianalgesics, advocating for proper pain management, complimentary therapies, and many other related topics. At the completion of the conference each pain team, assisted by pain experts, developed a plan of action for improving pain management practices in its own setting. The pain teams have been responsible for implementing these plans in their own agencies. The Project Director has been in contact with the agencies on a monthly basis, or more often if needed, to answer questions and provide access to resources.

The next step of the project is to complete implementation of the action plans. In August, the agencies will complete 10 more patient interviews. On August 21, members of the pain teams will be invited to return for a one-day conference to solidify gains and troubleshoot future plans. This conference will include educational sessions by pain experts and poster presentations by the 22 agencies describing the outcomes of their actions. An opportunity to evaluate the project and share best practices will be provided at the conference. Data analysis will then be conducted to determine if the project was successful in improving pain management for patients in Michigan.

The project, to date, has been very well received and supported. There are over 4,000 patients in Michigan who are impacted on a daily basis by the outcomes of this project. MCPI thanks all of the agencies that have participated as well as our many supporters. The results of the project will be shared when the analysis is completed. For more information on this project, contact Penny Murphy at 313-532-1978 or the MCPI Office 800-492-9909.

Penny Murphy Project Director

# Institutionalizing Effective Pain Management Practices

## Participating Agencies

Beacon Home Care

Bon Secours Cottage Home Care

Health Care Partners

Hurley Home Care

Lutheran Home Care Agency

Mercy Amicare Home Care

McLaren Home Care - VNA

St. Joseph Home Care - Tawas

Sparrow Home Care

United Home Health Services, Inc.

**VNA Port Huron** 

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Abby - Mercy Living Center

Henry Ford Continuing Care - Roseville

Lakeview Manor Health Care Center - Tawas

Lutheran Social Services of Michigan

Oakwood Skilled Nursing - Dearborn

Presbyterian Village - East

White Hall Nursing Center

Annapolis Hospital

St. Joseph Hospital - Tawas

St. Mary Mercy Hospital

Oakwood Seaway Hospital

#### **Sponsors**

Robert Wood Johnson Foundation

American Alliance of Cancer Pain Initiatives

College of Nursing and Health, Madonna University

Consultation-Liaison Psychiatry, Henry Ford Hospital

Hospices of Henry Ford Health System

Josephine Ford Cancer Center, Henry Ford Health System

Oakwood Hospital Cancer Center, Oakwood Healthcare System

Abbott Laboratories

Berlex Laboratories

Janssen Pharmaceutica

McNeil Consumer Healthcare

Purdue Pharma L.P.

# Compassion in Action

Advocating for the comfort needs of our patients is compassion in action. This simple, yet powerful, statement summarizes the impact that attending the MCPI conference Institutionalizing Effective Pain Management Practices has had on my nursing practice. This comprehensive two day conference motivated me and provided me with the tools to act as an advocate for our patients and the citizens of our community. I've come to realize that what is done with knowledge gained is ultimately the "acid test" of commitment. And each journey begins with one small step.

As a nurse working in a community hospital, it is not uncommon to come upon former patients at local businesses or stores. An elderly couple greeted me by name on one such encounter. The gentleman had been discharged from our hospital recently for treatment of abdominal cellulitis, a lingering problem from poor wound healing after an abdominal surgery earlier in the year. His greeting to me was an animated, "Tell all of your patients not to go to Drug Store X with their prescriptions because they'll give your medication away!" I listened as the couple proceeded to share with me the man's experience of unnecessary suffering, and I promised them I would do what I could to prevent someone else from suffering the same way.

This man's wife left his discharge prescription for Vicodin ES to be filled at a nearby pharmacy. When she returned to the pharmacy a short time later, she was told by the pharmacy employee that someone had already picked it up.

The man's wife was very upset by this news because she had not sent anyone to pick up the prescription and her husband needed pain relief. According to her, the reaction of the pharmacy employee was rudeness and indifference. This further upset the wife. She went straight to the local police department and filed a stolen medication report. Then, the elderly man went on to say, he suffered for two weeks while his wife and the surgeon's office battled the insurance company to replace the stolen medication. I was stunned and angered by the whole situation. Who would steal an elderly man's pain medicine, and why did it take so long to replace it? Driven by compassion in action, I met with our Nursing Director. We examined the known details of the prescription problem and the staff persons involved in the care and discharge of this man. We were able to conclude it was unlikely that a member of our staff could have been involved in the diversion of this medication. I was charged with the mission of following up on this.

A phone conversation with the investigating police Sergeant was next on my list. He confirmed that the elderly man's wife had filed a police report that matched the story they told me. I was surprised to learn the pharmacy did not require a signature or identification to pick up the prescription. The receiver only had to provide a personal piece of patient information, such as phone number or address. The Sergeant said the pharmacy "had a poor system for filling

narcotic prescriptions", and he suggested another customer may have overheard information supplied by the wife at the pharmacy counter when the prescription was dropped off. The surveillance camera at the pharmacy counter was not working, but the camera positioned in the front of the store was. The man's wife viewed the video of the storefront, and did not see anyone known to her or her husband. The Sergeant concluded by saying the pharmacy manager told him he planned to review and revise the store policy to "make it more strict".

As an advocate for patients discharged from our hospital, and for the citizens of our community, I provided the police Sergeant with an overview of current trends in pain management that are occurring nation wide. The police officer had never heard of the term "opioid". He was unaware of the new JCAHO standards, and was interested in learning how the standards might impact the citizens of the community. He was very responsive to the information I offered and to the questions I asked. Lastly, I asked the Sargeant to keep our hospital administration informed of any emerging patterns that involve pain prescriptions so that we can be proactive in educating our patients and staff.

Still energized by compassion in action, I called other local pharmacies to inquire what their policy is for picking up opioid prescriptions left to be filled. The range of responses was incredible! Only one pharmacy out of five required

photo identification. I returned to my MCPI conference binder and poured through the section on Michigan Regulations and Legislation Affecting Pain Management, but did not find any directive regarding opioid prescription pickup. Lastly, I spoke with our hospital pharmacist who confirmed my observations that practices vary among retail pharmacies in the community.

In the spirit of compassion in action, I implore all health care practitioners to investigate what the standard of practice is in their local pharmacies for an opioid prescription which is left to be filled and picked up at a later time. It is erroneous to assume, as I did, that every prescription written for pain relief is filled and retrieved by the intended recipient. The implications of improving pain management for patients stretch far beyond prescribing alone.

Once it is known where gaps may exist at the dispensing level, strategies can be developed which best protect the needs of legitimate users. What do patients need to know about their prescriptions? As in the case I described, the elderly couple was aghast to learn from the police Sergeant that one Vicodin ES pill can be sold on the street for as much as \$20. Obviously, telling patients about the street value of their medications may not be helpful, and would probably act as a deterrent to them even wanting to get it filled. But some balance of knowledge and caution may be warranted. It is up to us as health care practitioners to develop education strategies to meet the ever-changing needs of our consumers.

The journey into improving pain management for our patients is sure to be an interesting one, leading to places never before imagined. There is much to be learned when we step out of the comfort of our own role and "walk a mile in the patient's shoes". Compassion in Action may well be a rocky road, but the rewards should be worth the effort.

Kathleen Carter, BSN, RN Oakwood Annapolis Hospital

MCPI thanks you, Kathy, for seeing the big picture, going the extra mile, recognizing the many componenets of being a patient advocate, and following through the myriad of details to help reduce one of the barriers to good pain management for other patients in your community.

## Michigan Official Prescription Program (MOPP) Update

The MOPP is expected to become an active issue again in the Michigan Legislature this Fall. Two legislators, Representative Tom George and Representative Paul DeWeese, have submitted separate documents to be written into bill formats dealing with the MOPP. The bills have not yet been released. However it is believed that one bill will deal with physician education and two bills will address MOPP requirements. As soon as drafts of the bills are available (usually when they are released to committees), the content and implications of the bills will be shared with MCPI members. This is expected to occur sometime in the Fall of 2001. We will keep you posted!

Penny Murphy



# Bye, Bye Sue!

MCPI sends their best wishes, congratulations, thanks, and some tears of protest to Sue Homant as she embarks on a new journey in Florida. Sue's expert leadership as the Executive Director of the Michigan Hospice and Palliative Care Organization is well known throughout the state, and yes, the country. In that position, Sue graciously volunteered her expertise to MCPI, helping us understand and respond to

public policy and legislative issues relevant to pain management. While Sue's energy, wisdom, practicality, humor, and tenacity will be sorely missed by everyone concerned about pain management and end of life care in Michigan, we know she will use her talents to effect great successes in Florida as she prepares to take stewardship of the Florida Hospice and Palliative Care Organization. We wish you well in your new position, Sue. Many, many thanks, and come back and see us, please!

P.S. MCPI sent flowers to Sue on her first day of work in Florida.

## Under-Treatment of Pain Results in a Conviction of Elder Abuse

In June there was nation-wide news coverage about the physician in California whose jury trial resulted in a conviction of elder abuse for failing to give a dying man sufficient medication to relieve his pain and suffering. The patient's pain intensity was consistently documented in the chart as being 6-7 on a 0-10 scale. This news release goes on to state that "inadequately treated pain is a major health problem afflicting millions of Americans..." and that "recent studies have shown that 75 percent of surgery patients and 70 percent of cancer patients received too little pain relief."

Dr. Brad Stuart, medical director for Sutter VNA and Hospice for Northern California, is quoted in the Los Angeles Times news article as saying "The fact that a physician was found guilty of elder abuse is a terrible thing.... It's a serious wake-up call to physicians that we must begin treating pain the way we treat disease."

What is important about this news item is that health care professionals are increasingly being held accountable for relieving the pain and suffering of their patients. This is not the first time a legal judgment has been rendered against a health care professional for failing to effectively manage the treatment of a patient's pain. The public is becoming more aware of our ability to treat pain and their right to pain relief. Our mission is to continue educating health care professionals, patients, and the general public - so that good pain management for all persons can become a reality.

Marilyn Harton

*Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 206 of 373. PageID #: 394415

## **MEMBERSHIP APPLICATION**

If you haven't renewed yet for 2001—please do so!

New members who joined MCPI since September 2000 are already credited with 2001 membership.

Be sure to complete the entire form so we can update our data base. We are particularly interested in current information such as addresses, phone numbers, FAX numbers, and e-mail addresses.

New members are always welcome! Joining will put you on the mailing list, link you to colleagues with similar interests, and give you opportunities to become as active as you wish by joining the committee of your choice. See names and phone numbers of committee chairs on the front page of this newsletter.

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23000 Mack Suite 200 St. Clair Shores, MI 48080

Michigan Cancer Pain Initiative 23000 Mack Ave—Suite 200 St. Clair Shores, MI 48080 Phone: (800) 492-9909

Mary Bennet Am Alliance Cancer Pain Initiatives 1300 University Ave Suite 4720 Madison WI 53706

# **MCPI SUMMER 2001 NEWSLETTER!**

- *President's Message, pg. 1.
- *General Membership Meeting Announcement, pg. 2.
- *Schedule of Future Conferences for MCPI members, pg. 3.
- *Wendy Goldberg Receives the Nightingale Award, pg. 4.
- *Les Bricker Honored, pg. 4.
- *Congratulations to Penny Murphy, pg. 4.
- *Definitions Related to the Use of Opiods for the Treatment of Pain, pg. 5.
- *Institutionalizing Effective Pain Management Practices, pg. 6.
- *Compassion in Action, pg. 8.
- *Michigan Official Prescription Program Update, pg. 9.
- *Sue Homant Named Director of the Florida Hospice and Palliative Care Organization, pg. 10.
- *Under-Treatment of Pain and Elder Abuse Conviction, pg. 10.

Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 208 of 373. PageID #: 39441

Rosemary Gibson

Sen or frogram Officer

The Robert Wood Johnson Foundation
etc.

they nived - call Rosemany's sec to
get address - make correction
on attached card

Dear Rosemary,

Lie enjoyed our conners ations and honored that you would call me to discuss a possible use for leftover funds. I know you will plair and wise decisions. was to learn about

And I'm pextremely excited thypymer book. I'm heen fanticizing a bout book jackets.

I have enclosed a copy of the recent issue of the newslitter of the Michigan Cancer Pain Initiative. The regulatory cultive in that State is very opposition so it is target for a regulatory meeting to provide clarification of the chattenges face in that state when they consider prescribing controlled substances. Ince there is such a negative regulatory climate in that state, we are seeking funds to support a regulatory "Summit" there.

a regulatory "Summit" there.

The major reason for Sharing the Michigan newslitter is to point out the impact that the Practice Change Programs have had. You will recall that one of the goals of the Foundation funded grant to

HE ROBERT WOOD JOHNSON FOUNDATION

For More Information, Contact Vicki Weisfeld, Ann Searight RWJF Press Line 609/243-5937

8 32037

#### FIGHTING DYING PATIENTS' PAIN

National Campaign Will Strengthen Pain Control Standards

PRINCETON, N.J., August 8, 1997—The University of Wisconsin-Madison Medical School will conduct a comprehensive nationwide effort to improve pain control for the dying in hospitals, The Robert Wood Johnson Foundation announced today. The three-year, \$1.6 million project is a cooperative effort with the Joint Commission on Accreditation of Healthcare Organization and state cancer pain initiatives.

"Over the years many studies have shown that people are more afraid of the process of dying than of death itself," commented Foundation Senior Program Officer Rosemary Gibson. "And fear of unrelieved pain is one of the greatest worries that people have when they face death. Unfortunately, studies also have shown that, in many cases, people suffer needlessly, when modern pain control methods could alleviate their agony. This project will try to help health care providers assess and treat pain in dying patients more effectively."

Under this project, the Wisconsin Cancer Pain Initiative--a national leader in encouraging better methods of pain control and in teaching health care professionals how to use them--will work with the Joint Commission to develop new pain control standards. These standards will cover pain for terminally ill people with cancer and with other conditions. Ultimately, hospitals will have to meet these new standards in order to receive accreditation.

"We think the involvement of the Joint Commission in this project shows great foresight on the grantee's part," Gibson said. "It provides the motivation for health care institutions to take a serious look at pain control and implement more effective practices." The Joint Commission evaluates and accredits more than 18,000 health care organizations and programs in the United States. It is the nation's preeminent standards-setting and accrediting body in health care. To earn--and keep--accreditation, an organization must undergo an on-site inspection at least every three years.

(more)

2

As the approximately two-year standards development process begins, the project personnel will coordinate a national quality improvement effort to help hospitals implement better procedures to assess and manage pain. Other organizations, such as State Peer Review Organizations, already have indicated their desire to assist in this quality improvement activity. Many hospitals likewise are eager to improve the way pain is managed within their walls.

"The science of pain control continues to improve," said project director June L. Dahl, PhD, "but outmoded clinical practices, misconceptions about addiction, and our culture's mistaken assumption that dying is always painful—these things conspire to prevent the application of the best that science, when linked with compassion, can offer."

"Part of the motivation for this project came from the SUPPORT study, which the Foundation funded a few years ago," Gibson said. "It found that half of seriously ill patients, who were able to communicate in their last days, were in severe pain. This disturbing finding-and others from SUPPORT--have galvanized many health care leaders to try to change the way we care for the dying. Many of these leaders have joined us in a campaign called 'Last Acts: Care and Caring at the End of Life,' chaired by former first lady Rosalynn Carter. The new University of Wisconsin project will fill an important niche in this effort and an opportunity for positive action."

The Robert Wood Johnson Foundation, based in Princeton, N.J., is the nation's largest philanthropy devoted exclusively to health and health care. It became a national institution in 1972 with receipt of a bequest from the industrialist whose name it bears, and has since made more than \$2 billion in grants. The Foundation concentrates its grantmaking in three goal areas: to assure that all Americans have access to basic health care at reasonable cost; to improve the way services are organized and provided to people with chronic health conditions; and to reduce the personal, social and economic harm caused by substance abuse--tobacco, alcohol, and illicit drugs.

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Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19-212 of 373. PageID #: 39442137

## DO NOT SEPARATE THIS DOCUMENT

Route 1 and College Road East P.O Box 2316 Princeton, NJ 08543-2316 THE ROBERT (600) 0456HNSON FOUNDATION

Request for Project Support **Conditions of Grant** 

JUN 2 3 1997

Title of Project	ANSWERED RECORDED DATA SHEET
Institutionalizing Pain Management	
Purpose of Project	
,	
To make pain assessment and treatment an	integral part of the nation's health care syst
Applicant Institution (name address and telephone number)	Check to be Made Payable to
Board of Regents of the madison Medical School	Board of Regents of the
University of Wisconsin System	University of Wisconsin System MW7/11
750 University Avenue Madison, WI 53706	Institutional Financial Officer (full name title, address, telephone number, and fax number):
(608) 262-0152	August P. Hackbart
Amount of Support Requested (total project period)	Administrative Officer
\$1,608,225 \$1,601,991 7 7-9-9791	Research and Sponsored Programs
Period for Which Support is Requested (total project period)	750 University Avenue
	Madison, WI 53706-1490
From 08 01 97 Through 07 31 00	(608) 262-0152
Month Day Year Month Day Year	(608) 262-5111 FAX
*Project Director (full name title address telephone number, and fax number)	Applicant Institutional Approval (full name, title, and address of official authorized to sign for institution).
June L. Dahl	August P. Hackbart
Professor of Pharmacology	Administrative Officer
University of Wisconsin Medical School	Research and Sponsored Programs
1300 University Avenue	750 University Avenue
Madison, WI 53706-1532	Madison, WI 53706-1490
(608) 265-4012	(608) 262-0152
(608) 265-4014	(608) 262-5111
(NOTE Signature required on page 4)	(NOTE Signature required on page 4)

Please provide the following evidence of your institution's tax status

If your institution is a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code (i) a copy of the letter your institution received from the Internal Revenue Service stating that your institution exempt from taxation by virtue of being described in Section 501(c)(3); (ii) a copy of the letter your instituto received from the Internal Revenue Service stating that either your institution is not a private foundation describe in Section 509(a) or stating that your institution is an exempt operating foundation described in Section 4940(d)(2 and (iii) a copy of Form 4653 or Form 1023 and other data, if any, your institution has filed with or received troin the Internal Revenue Service concerning your tax status.

If your institution is an organization described in Section 170(c)(1) or Section 511(a)(2)(B) of the International Control of Revenue Code, (i) a copy of the correspondence, if any, from the Internal Revenue Service stating that fact (ii) a copy of the legislation establishing your institution

These documents must be accompanied by a letter signed by a responsible officer of your institution certifying that the co so provided are true and correct copies of the originals on file with your institution and that they remain in full force and effe

Any questions you may have about your tax-exempt status should be directed to the Office of the Vice President, G. Counsel and Secretary (609-243-5908)

RWJF (03/95) - PUBLIC ENTITIES AND EXEMPT OPERATING FOUNDATIONS [DESCRIBED IN SECTION 4940(d)(2) OF THE INTERNAL REVENUE CODE)

^{*}The project director is the individual directly responsible for developing the proposed activity its implementation, and day-to-day direct supervision of the project should funds be made available

#### CONDITIONS OF GRANT

Following are the conditions applying to grants made by The Robert Wood Johnson Foundation ("the Foundation") You should read these conditions carefully prior to signing this form. Your signature on this form constitutes your acceptance in full of all conditions contained herein. To induce the Foundation to make the grant requested hereby, you ("the grantee") accept and agree to comply with the following conditions in the event that such grant is awarded. As used throughout this form, the term "grant" shall include the income, if any, arising therefrom unless the context otherwise requires.

1 **PURPOSE AND ADMINISTRATION** The grant shall be used exclusively for the purposes specified in the grantee's proposal, dated <u>6/19/97</u>, the Request for Project Support Form on page 1 hereof, and related documents, all as approved by the Foundation

The grantee will directly administer the project or program being supported by the grant and agrees that no grant funds shall be disbursed to any organization or entity, whether or not formed by the grantee, other than as specifically set forth in the grant proposal referred to above

#### 2 USE OF GRANT FUNDS

- A No part of the grant shall be used to carry on propaganda or otherwise attempt to influence legislation [within the meaning of Section 4945(d)(1) of the Internal Revenue Code]
- B. No part of the grant shall be used to attempt to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive [within the meaning of Section 4945(d)(2) of the Internal Revenue Code].
- C No part of the grant shall be used to provide a grant to an individual for travel, study, or similar purpose without complying with the requirements of Section 4945(g) of the Internal Revenue Code as if the grant were made by the Foundation and without prior written approval of the Foundation Payments of salaries, other compensation, or expense reimbursement to employees of the grantee within the scope of their employment do not constitute "grants" for these purposes and are not subject to these restrictions.
- No part of the grant shall be used for a grant to another organization without complying with the requirements of Section 4945(d)(4) and, if applicable, Section 4945(h) of the Internal Revenue Code as if the grant were made by the Foundation and without prior written approval of the Foundation
- E No part of the grant shall be used for other than religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals [within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code]
- F The grantee promptly shall repay any portion of the grant which for any reason is not used exclusively for the purposes of the grant. The grantee shall repay to the Foundation any portion of the grant which is not used exclusively for the purposes described in Section 1 hereof within the time specified in the grantee's proposal or within any approved extension of said time period within fifteen (15) days after such specified time or such extension. If the Foundation terminates the grant pursuant to Section 10 hereof, the grantee shall repay within thirty (30) days after written request by the Foundation all grant funds unexpended as of the effective date of termination and all grant funds expensed for purposes or items allocable to the period of time subsequent to the effective date of termination. In the event that any portion of the grant is used for purposes other than those described in Section 170(c)(2)(B) of the Internal Revenue Code, the grantee shall repay to the Foundation that portion of the grant as well as any additional amount in excess of such portion necessary to effect a correction under Section 4945 of the Internal Revenue Code
- G If the grantee is directly or indirectly controlled by the Foundation or by one or more "disqualified persons" (within the meaning of Section 4946) with respect to the Foundation, the grantee agrees (i) to expend all of the grant prior to the grantee's first annual accounting period following the taxable year in which the grantee receives a grant payment, thereby permitting the Foundation to count the grant as a qualifying distribution under Section 4942(g)(3) and (h); and (ii) to submit to the Foundation promptly after the close of the grantee's annual accounting period a full and complete written report signed by an appropriate officer, director, or trustee, showing that the qualifying distribution has been made, the name and address of the recipient or recipients, the amounts received by each, and that all the distributions are treated as distributions out of corpus
- 3 BUDGET. Expenditures of the grant funds must adhere to the specific line items in the grantee's approved grant budget. Transfers among line items (increases and decreases) are permitted under the conditions and to the extent indicated in the Foundation's Budget Preparation Guidelines in effect at the time of any such proposed transfer, and such Budget Preparation Guidelines in their entirety, and as they may be modified by the Foundation from time to time, are incorporated herein by this reference.
- 4 ACCOUNTING AND AUDIT The grantee shall indicate the grant separately on its books of account A systematic accounting record shall be kept by the grantee of the receipt and disbursement of funds and

expenditures incurred under the terms of the grant, and the substantiating documents such as bills, invoices, cancelled checks, and receipts, shall be retained in the grantee's files for a period of not less than four (4) years after expiration of the grant period. The grantee agrees promptly to furnish the Foundation with copies of such documents upon the Foundation's request.

The grantee agrees to make its books and records available to the Foundation at reasonable times

The Foundation, at its expense, may audit or have audited the books and records of the grantee insofar as they relate to the disposition of the funds granted by the Foundation, and the grantee shall provide all necessary assistance in connection therewith

REPORTS Narrative and financial reports shall be furnished by the grantee to the Foundation for each budget period of the grant and upon expiration, repayment (pursuant to Section 2F hereof), or termination of the grant (pursuant to Section 10 hereof). Such reports shall be furnished to the Foundation within a reasonable period of time after the close of the period for which such reports are made. The narrative report shall include a report on the progress made by the grantee towards achieving the grant purposes and any problems or obstacles encountered in the effort to achieve the grant purposes. The financial report shall show actual expenditures reported as of the date of the report against the approved line item budget. Such reports shall be retained in the grantee's files for a period of not less than four (4) years after expiration of the grant period.

The Foundation may, at its expense, monitor and conduct an evaluation of operations under the grant, which may include visits by representatives of the Foundation to observe the grantee's program procedures and operations and to discuss the program with the grantee's personnel

- COPYRIGHT, FOUNDATION USE OF DATA, AND PUBLIC USE DATA TAPES Except as may otherwise be provided in Section 12 hereof, all copyright interests in materials produced as a result of this grant are owned by the grantee. The grantee hereby grants to the Foundation a nonexclusive, irrevocable, perpetual, royalty-free license to reproduce, publish, copy, alter, or otherwise use and to license others to use any and all such materials, including any and all data collected in connection with the grant in any and all forms in which said data are fixed. If the box below is checked, the grantee shall, at no additional cost to the Foundation, cause public use data tape(s) to be constructed (with appropriate adjustments to assure individual privacy) in accordance with the specifications of the Inter-University Consortium for Political and Social Research, University of Michigan, including the full tape documentation outlined in the Consortium's current data preparation manual. Unless the Foundation shall otherwise specify, such public use data tape(s) shall include all data files used to conduct the analysis under the grant. The grantee shall transmit one computer-readable copy of such public use data tape(s) and the tape documentation to the Consortium upon expiration of the grant period.
  - Public use data tape(s) and full documentation required
- PUBLIC REPORTING The Foundation will report this grant, if made, in its next Annual Report The Foundation does not usually issue press releases on individual grants, however, should the Foundation elect to do so, it would discuss the press release with the grantee in advance of dissemination. The grantee may issue its own press announcement but shall seek approval of the announcement from the Foundation before distribution. In addition, the grantee will be asked to review and approve a Program Summary briefly describing the grantee's activity which will be used by the Foundation to respond to inquiries and for other public information purposes. The grantee's approval shall not be unreasonably withheld.

The grantee shall send to the Foundation copies of all papers, manuscripts, and other information materials which it produces that are related to the project supported by the Foundation

In all public statements concerning the Foundation – press releases, annual reports, or other announcements – the grantee is specifically requested to refer to the Foundation by its full name. The Robert Wood Johnson Foundation

- GRANTEE TAX STATUS The grantee represents that it is currently either (i) a tax-exempt entity described in Section 501(c)(3) of the Internal Revenue Code and either (a) is not a private foundation described in Section 509(a), or (b) is an exempt operating foundation described in Section 4940(d)(2), or (ii) an organization described in Section 170(c)(1) or Section 511(a)(2)(B) The grantee shall immediately give written notice to the Foundation if the grantee ceases to be exempt from federal income taxation as an organization described in Section 501(c)(3) or its status as not a private foundation under Section 509(a), as an exempt operating foundation described in Section 4940(d)(2), or as a Section 170(c)(1) or Section 511(a)(2)(B) organization is materially changed
- 9 CERTIFICATION REQUIRED WHEN GRANT MAY BE USED FOR RESEARCH INVOLVING HUMAN SUBJECTS If the grant is to be used in whole or in part for research involving human subjects, the grantee hereby certifies that the grantee, applying the ethical standards and the criteria for approval of grants set forth in Department of Health and Human Services policy for the protection of human research

subjects (45 CFR part 46, as amended from time to time), has determined that the human subjects involved in this grant will not experience risk over and above that involved in the normal process of care and are likely to benefit from the proposed research program

10 **GRANT TERMINATION** It is expressly agreed that any use by the grantee of the grant proceeds for any purpose other than those specified in Section 170(c)(2)(B) of the Internal Revenue Code will terminate the obligation of the Foundation to make further payments under the grant

The Foundation, at its sole option, may terminate the grant at any time if (i) the grantee ceases to be exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code, (ii) the grantee's status as not a private foundation under Section 509(a), its status as an exempt operating foundation under Section 4940(d)(2), or its status as a Section 170(c)(1) or Section 511(a)(2)(B) organization is materially altered, or (iii) in the Foundation's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to comply with any of the conditions hereof

If the grant is terminated prior to the scheduled completion date, the grantee shall, upon request by the Foundation, provide to the Foundation a full accounting of the receipt and disbursement of funds and expenditures incurred under the grant as of the effective date of termination

- 11 **LIMITATION; CHANGES** It is expressly understood that the Foundation by making this grant has no obligation to provide other or additional support to the grantee for purposes of this project or any other purposes. Any changes, additions, or deletions to the conditions of the grant must be made in writing only and must be jointly approved by the Foundation and the grantee.
- 12 **SPECIAL CONDITIONS** The grantee accepts and agrees to comply with the following Special Conditions (if no Special Conditions are imposed, so state)

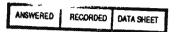
The foregoing conditions are hereby accepted and agreed to as of the date indicated

	JUN 1 9 1997		Board of Regents of the
Date		Grantee Institution	University of Wisconsin System
		Ву	(Signature of Authorized Official)
		Title.	Administrative Officer
Date	June 17, 1997	Ву	(Signature of Project Director)



THE ROBERT WOOD JOHNSON FOUNDATION

JUN 2 3 1997



June 20, 1997

Ms. Linda Manning **Program Assistant** The Robert Wood Johnson Foundation P.O. Box 2316 Princeton, NJ 08543-2316

Dear Ms. Manning:

On behalf of the Board of Regents of the University of Wisconsin System, we are submitting a proposal entitled, Institutionalizing Pain Management. We are requesting \$1,608,225 to support this project.

The attached copies of our tax documentation are true and correct copies of the originals on file with the Board of Regents of the University of Wisconsin System, and they remain in full force and effect.

The Chancellor of the University of Wisconsin-Madison is:

David Ward, Ph.D. Chancellor University of Wisconsin - Madison Room 161 Bascom Hall Madison, WI 53706

Sincerely,

Yune L. Dahl, Ph.D.

Professor of Pharmacology



# <u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

June 19, 1997

The Robert Wood Johnson Foundation Route 1 and College Road P. O. Box 2316 Princeton, NJ 08543

In reply, please refer to Proposal #72139

This letter confirms that the copy of the Legal Memorandum, dated May 1991, from C. J. Stathas is the most up-to-date documentation we have concerning the University of Wisconsin System's Tax Exempt Status.

Sincerely,

August P. Hackbart
Administrative Officer

**Enclosure** 

The Offiversity of Wisconsin System

1738 Van Hise Hall, 1220 Linden Drive Madicon, Wisconsin 53706 Tel (608) 262-2995 FAX (608) 262-3985

<del>ស្ត្រីដេក្តីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្</del>

Charles J. Stathas (608) 262-6166 John B. Tallman 262-0747 Patricia B. Hodulik 262-6497

May 8, 1991

#### Legal Memorandum

Re: Requests for Evidence of Tax Exempt Status of the University of Wisconsin System

This memorandum is intended for use in grant applications or as a response to specific requests from potential donors.

All University of Wisconsin institutions are non-profit tax exempt units of the Board of Regents of the University of Wisconsin System, a corporation created by Wisconsin Statutes, said corporation is an agency of the State of Wisconsin which has the State Treasurer as its corporate treasurer.

In addition to being a state agency, and therefore having tax exempt status under Section 115, Internal Revenue Code, the corporation would qualify for tax exempt status under Section 501(c)(3), Internal Revenue Code, by virtue of the following factors:

- It is organized and operated exclusively for educational, research and public service purposes under Wisconsin Statutes;
- As an agency of the State of Wisconsin no income can inure in whole or in part, to the benefit of private individuals; and
- 3. Wisconsin Statutes require that it must not by any substantial part of its activities attempt to influence legislation by propaganda or otherwise.

All donations, contributions and gifts to the Board of Regents of the University of Wisconsin System or any of its institutions are charitable deductions under Section 170(c)(1), Internal Revenue Code.

Sincerely,

C. J. Stathas

General Counsel

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Internal Revenue Cervice Washington, DG 20224

Date:

In reply refer to:

12-24-70

THE UNIVERSITY OF WISCONSIN 1856 VAN HISE HALL 1220 LINDEN DR MADISON, WI

53705

#### Gentlemen:

Sased on the information you recently submitted, we have classified you as an organization that is not a private foundation as defined in section 509(a) of the Internal Revenue Code.

Your classification is based on the assumption that your operations will be as stated in your notification. Any changes in your purposes, character, or method of operation must be reported to your District Director so he may consider the effect on your status.

Sincerely yours,

Chief, Rulings Section

. Exempt Organizations Branch

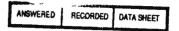
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THE ROBERT WOOD JOHNSON FOUNDATION

JUN 2 3 1997



June 20, 1997

Ms. Linda Manning
Program Assistant
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316

Dear Ms. Manning:

On behalf of the Board of Regents of the University of Wisconsin System, we are submitting a proposal entitled, **Institutionalizing Pain Management**. We are requesting \$1,608,225 to support this project.

The attached copies of our tax documentation are true and correct copies of the originals on file with the Board of Regents of the University of Wisconsin System, and they remain in full force and effect.

The Chancellor of the University of Wisconsin-Madison is:

David Ward, Ph.D. Chancellor University of Wisconsin - Madison Room 161 Bascom Hall Madison, WI 53706

Sincerely,

Kune L. Dahl, Ph.D.

Professor of Pharmacology

Department of Pharmacology

Final Proposal

## INSTITUTIONALIZING PAIN MANAGEMENT

A proposal to the Robert Wood Johnson Foundation to

Make Pain Assessment and Treatment an Integral Part

of the Nation's Health Care System

Submitted by

June L. Dahl, PhD

Professor of Pharmacology

Director of the Resource Center for State Cancer Pain Initiatives

The University of Wisconsin Medical School

Madison, WI

May 1997

# TABLE OF CONTENTS

I. PURPOSE	. 3
II. BACKGROUND	. 4
III. SPECIFIC GOALS	
A. DEVELOPMENT AND IMPLEMENTATION OF A PROCESS TO ASSURE THAT THE ACCREDITATION STANDARDS OF THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS INCLUDE THE ASSESSMENT AND TREATMENT OF PAIN.	3
B. DEVELOPMENT AND IMPLEMENTATION OF NATIONAL PAIN MANAGEMENT QUALITY IMPROVEMENT PROGRAMS	. 7
1. Hospitals, a collaborative effort with the state peer review organizations	7
2. Home care agencies	9
IV. TIME LINES FOR COMPLETION OF PROJECT GOALS	1
V. SELECTED REFERENCES	A

# INSTITUTIONALIZING PAIN MANAGEMENT

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

#### I. Purpose

The proposed project has two major goals:

A. Development and implementation of a process to assure that the standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

The Standards Department of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has expressed support for a collaborative project to integrate pain assessment and treatment for all patients into the Joint Commission standards, intent statements. scoring guidelines and survey process questions. This presents us with a rare opportunity to improve pain management in hospitals and other health care facilities throughout the United States.

The Joint Commission's mission is to improve the quality of care provided to the public by offering health care accreditation and related services that support performance improvement in health care organizations. According to JCAHO documents, "the Joint Commission has comprehensive quality review programs for hospitals, health plans, home care agencies, laboratories, behavioral health care settings, long term care facilities, ambulatory care clinics, and networks of services that can, and often do, serve as an alternative to state and federal inspection of these organizations. In fact, the Joint Commission's Hospital, Home Care, and Laboratory Accreditation Programs are recognized by the federal Health Care Financing Administration(HCFA) as meeting or exceeding the federal quality standards for these organizations. Thus many of these organizations are able to use their Joint Commission accreditation to obtain Medicare certification through a process known as 'deemed status.' Similar reliance for licensure purposes exists for hospitals and other types of provider organizations in most states."

# B. Development and implementation of national pain management quality improvement programs

At the same time that the process for revision of the JCAHO standards is being implemented, we propose to initiate national pain management quality improvement efforts. Since the Joint Commission accredits 80% of the nation's hospitals which have 98% of the licensed beds, revised standards should be powerful forces for change in pain management practices in these settings. We propose to reach hospitals by working in collaboration with the HCFA supported state peer review organizations. We also propose to implement programs specifically designed to meet the needs of patients being cared for by home care agencies. Although a relatively small percentage of these are JCAHO accredited, those in Wisconsin have shown a strong commitment to improving pain management practices.

All of the pain management quality improvement programs will contain the essential elements of the model programs that project personnel have successfully conducted in Wisconsin and other states. These include NCI-funded Cancer Pain Role Model programs, 22 of which have been conducted in Wisconsin and 18 other states over the last five years, 2,3 and a cooperative quality improvement project with MetaStar (formerly the Wisconsin Peer Review Organization) which was directed at improving acute post-operative pain management in 22 Wisconsin hospitals. 4

The Wisconsin Resource Manual for Improvement, which was published in 1996 by the Wisconsin Cancer Pain Initiative, will serve as the "text" for the proposed quality improvement programs. It provides a step-by-step process as well as the necessary tools for clinicians and administrators to make pain management a priority in their settings.⁵

### II. Background

Unrelieved pain is a major, yet avoidable, public health problem.^{6,7,8} It results in a number of adverse physiological and psychological consequences including impaired gastrointestinal and pulmonary function, impaired immune response, insomnia, loss of appetite, inability to walk or move about, anxiety and depression, loss of enjoyment of life, inability to relate to others, feelings of hopelessness and helplessness, and even requests for physician assisted suicide.^{9,10}

Inadequate management of pain and other symptoms not only decreases the quality of life, it also creates a financial burden on the health care system and on our society as a whole. Unrelieved pain costs millions of dollars annually due to longer hospital stays, rehospitalizations, and visits to outpatient clinics and emergency rooms. If Furthermore, patients unable to work because of pain may not only lose income but also access to insurance coverage. In surance coverage.

Numerous studies have described the inadequate assessment and treatment of pain by health care professionals.^{6,7} Many lack the knowledge and skills to manage pain effectively. They also have inaccurate and exaggerated concerns about addiction, tolerance, respiratory depression and other opioid side effects which lead them to be extremely cautious about the use of these drugs.^{13,14} Patients and the general public share these concerns about strong pain medicines. Patients may be reluctant to challenge a health care provider who says, "There is nothing I can do about your pain," because they may view pain as an inevitable part of life, and that "good" patients do not complain.¹⁵

While health care professionals as well as patients may create formidable impediments, traditional patterns of professional practice may be the most intractable barriers to effective pain management. The failure of staff to routinely assess and document pain, the lack of access to practical treatment protocols and the common view that pain is an expected and insignificant symptom continue to impede progress. Health care organizations and institutions must address these barriers in their practice settings to ensure that all patients receive quality pain management. The resulting improvements in functional status and quality of life can prevent needless suffering and reduce the financial burden that unrelieved pain imposes on the health care system and society as a whole.

During the past 20 years, many educators, clinicians, and professional organizations have dedicated themselves to improving the management of pain. ^{16,17} Unfortunately, recent

surveys suggest that their efforts have had little impact. Data from the Robert Wood Johnson funded SUPPORT study showed a high incidence of uncontrolled pain (from 74% to 95%) in very ill and dying adults in spite of planned interventions from nurses to encourage physicians to attend to pain control. The authors of the SUPPORT study concluded that "more proactive and forceful measures may be needed" to improve care of seriously ill and dying patients. ¹⁸

The purpose of this proposed project is to develop more proactive and forceful measures to improve pain management in the terminally ill and in those who experience pain from surgery or trauma as well as those who suffer from cancer or chronic non-cancer pain. We believe that everyone regardless of diagnosis should expect and receive appropriate pain management.

### III. Specific Goals

A. Development and implementation of a process to assure that the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

Last December, JCAHO surveyors reviewed the quality improvement efforts of the University of Wisconsin Hospital and Clinics Pain Patient Care Team. They were impressed that systematic efforts like those of the Team could improve pain management practices. Professor June Dahl approached the surveyors at the end of the review, and discussed the importance of making pain relief an integral part of the JACHO standards. Within a week, the JCAHO Standards Department contacted her and initiated a dialog that has culminated in their pledge of support for this proposal.

We have exchanged information with the Standards Department, justified need through a review of the literature, discussed and refined a process to change the content of the accreditation standards, intent statements, scoring guidelines and survey process questions. Advisors and benchmark organizations are being identified.

All members of the Quality of Care Committee of the American Pain Society have pledged to assist in the work of the proposed project. Furthermore, the American Pain Society has committed \$10,000 to the project so that we can begin the process while we are seeking larger and more permanent sources of support.

The revision process we have proposed to the Joint Commission is summarized in Table 1. We assume that some suggestions for standards revision may come from surveyors. Thus we may want to survey them or facilitate focus group discussions in order to learn about their experiences and perspectives related to the process of standards revision. We will explore with JCAHO whether there is a precedent for surveyor input at this stage of the standards revision process and what mechanisms, if any, are in place to get surveyor perspectives or assemble a representative group for focus group discussions.

## Table 1. Proposed Process for Revision of the JCAHO Standards

Develop JCAHO standard language, intent statements, scoring guidelines, and survey process questions to address pain assessment and treatment.

- Summary of need, review of the literature, justification of need for change
- Approach JCAHO leadership
- Review relevant literature such as current JCAHO and other standards, patient satisfaction surveys, efforts to "institutionalize" clinical practices
- Propose plan to JCAHO leadership to assure collaboration
- Survey or conduct focus group discussion of selected surveyors from all accreditation programs
- Prepare draft of standards, intent statements, scoring guidelines, survey process questions
- Distribute draft standards and accompanying information for expert review, revision. Include JCAHO staff and surveyors as appropriate
- Review and incorporate changes as appropriate
- Redistribute draft standards and accompanying materials for review
- Review and incorporate additional changes as appropriate

# Submit draft standards and accompanying materials to JCAHO; participate in JCAHO internal standards review process as appropriate.

- Conduct external evaluations, including benefit/cost/impact analysis, survey process
  development and testing to determine reliability of the new standard language,
  facilitate focus group discussions with participating organizations
- Collate results of field evaluations; assist with revisions
- Present to the sub-committees of the Board of Commissioners, selected Professional and Technical Advisory Committees (PTACs), Standards and Survey Procedure Committee, and Board of Commissioners
- Publish and communicate new standards and accompanying materials
- Analyze field assessment data (survey experience and accreditation decision outcomes) related to the new standards

# Participate, with JCAHO leadership, in presentations and publications related to the developed standards.

- Make presentations to the American Pain Society, American Hospital Association, National Association for Home Care, American Association for Services in Homes for the Aged, American Health Care Association and other organizations as appropriate
- Prepare manuscripts for publication in the Journal of Quality Improvement
- Provide technical assistance to health care facilities

We anticipate that surveyors could provide valuable information that may facilitate some of our initial work. They can help us to better understand the actual survey process and how the particular standard changes we recommend will be received by the field. They may foresee potential problems of using such standards in survey situations. In addition, they may help us think through the drafting of the intent statements, scoring guidelines, and survey process questions, as well as the standard statements themselves.

It is important to note that some of the personnel who would be involved in implementing the goals of this proposal have served as JCAHO surveyors so they bring a special perspective to this standards revision process.

# B. Development and implementation of national pain management quality improvement programs

We intend to develop and implement pain management quality improvement programs for hospitals and home care agencies. These efforts will build on the model programs that we have piloted in Wisconsin and other states: the NCI-funded Cancer Pain Role Model and the acute post-operative pain program conducted in collaboration with the Wisconsin Peer Review Organization. All of these programs have the same essential elements:

1) recruitment of teams from each practice site 2) surveys of knowledge and attitudes of participants as well as assessment of practice patterns in the health care facilities in which participants practice, 3) day long conferences, conducted in lecture and case-based learning formats, to review the basic principles of pain, 4) development of action plans to institute practice changes in the different clinical settings, 5) follow-up meetings or correspondence to assess successes and challenges encountered during efforts to make pain management an institutional priority and 6) formal evaluation of the impact of each program on clinical practice.

## 1. Hospitals, a collaborative effort with the state peer review organizations

In the summer of 1995, the Wisconsin Cancer Pain Initiative worked with MetaStar [formerly the Wisconsin Peer Review (PRO) Organization] and 22 Wisconsin hospitals to facilitate their development and implementation of quality assurance programs to improve acute post-operative pain management.⁴ The purpose was to stimulate participating institutions to form interdisciplinary workgroups, to educate staff, and revise policies and procedures to improve assessment and management of pain. MetaStar obtained base line data reflecting pain management practices from review of charts provided by participating hospitals. The quality indicators which were monitored included:

- · Frequency of acute pain assessments
- Use of self-report pain rating scales
- Intensity of acute pain
- Analgesic prescribing and administration practices for acute pain, specifically: infrequent or no mixing of opioids infrequent or no use of meperidine as a choice of analgesic infrequent or no use of intramuscular injections as a route for analgesia
- Use of regularly scheduled, or self-medicated dosing, rather than PRN

• Incidence and characteristics of non-pharmacologic strategies applied to acute pain (in addition to pharmacologic interventions)

Metastar recruited representatives of member hospitals to attend one of three quality improvement workshops held at widely separated geographic regions of the state. Faculty from the WCPI presented didactic material based on the principles articulated in the AHCPR Clinical Practice Guidelines for the Management of Acute Pain. The processes for institutional change contained in the Wisconsin Resource Manual provided the basis for small group discussions at which participants developed action plans to make pain management a priority in their clinical settings. Follow-up and analysis of outcome measures is ongoing, but preliminary reports from participating hospitals show dramatic increases in the adoption of a standard pain assessment tool and the increased use of non-pharmacologic interventions to enhance the effectiveness of drug therapy.

Several other state PROs have made some preliminary efforts to improve pain management; these include Michigan, West Virginia, Massachusetts, Montana-Wyoming, New York and New Jersey.

In a separate effort, the Utah Peer Review Organization (Health Insight), under the leadership of Joleen Rischer, conducted a pilot project in Utah and Nevada whose goal was to "operationalize" the AHCPR cancer pain guidelines across these states. She and her colleagues organized a cooperative project with physicians and nurses from seven acute care hospitals in Utah and Nevada. Survey results after completion of the project showed a change in attitudes about cancer pain management, but that much more work needed to be done to assure that pain was being adequately treated. ¹⁹

What is critical to our proposal is that Ms. Rischer has assessed the interest of all states in the PRO network. Their response was very encouraging in that 26 peer review organizations indicated an interest in becoming involved in pain management projects. They include PROs in Alabama; California; Colorado; Florida; Indiana/Kentucky; Iowa/Illinois/Nebraska; Kansas; Kentucky; Louisiana; Maryland; Massachusetts; Michigan; Minnesota; Missouri; Montana/Wyoming; New Jersey; New York; North Dakota; Ohio; Tennessee; Texas; and of course Wisconsin.

What is also essential to this approach to bringing change in pain management practices in hospitals, is that the peer review organizations will be able to obtain pre- and post-intervention data (quality indicators of the type described above) so that we can evaluate the impact of our proposed approach. Their collaboration in data collection will dramatically reduce the costs of this aspect of the proposal.

We propose the following steps for the process:

- a. Articulate quality improvement outcome indicators for acute post-operative pain management based on AHCPR⁶ and APS¹⁶ recommendations and propose a method for data collection that is compatible with the PRO data management process and the evolving JCAHO standards.
  - Examine experience and preliminary studies of pain management intervention strategies by individual PROs (Wisconsin, Michigan, West Virginia, Massachusetts, Montana, Wyoming, Utah, New York, and New Jersey) for methodology, outcome indicators, and documented practice changes.

- Incorporate any new JCAHO language, scoring guidelines, or survey questions.
- Articulate core improvement indicators for acute post-operative pain management and recommend a standardized strategy for data collection in collaboration with the Wisconsin and Utah Peer Review Organizations.
- b. Develop curricula for regional quality improvement seminars in acute post-operative pain management. Curricular content to include:
  - justification of project
  - basic instruction in assessment and treatment of acute pain
  - quality improvement strategies for pain (based on framework articulated in the Wisconsin Resource Manual)
  - data collection methods and review of data with collaborating PROs
- c. Engage the PRO Intranet to communicate project goals and description, and send out a call for interest.
- d. Identify interested PROs and group them by geographic proximity
- e. Plan regional quality improvement seminars, using teleconferencing or site-visits to participating PROs
- f. Identify faculty for the regional seminars through communication with the state cancer pain initiatives²⁰
- g. Conduct regional seminars
- h. Work with state PROs to facilitate quality improvement programs in the states
- i. Collection of data, analysis of core improvement indicators, publication of results

### 2. Home care agencies

Pain is common among home care patients, especially given the early discharge and overall acuity of most home care patients. Unfortunately, there have been few studies of this patient population. This aspect of the project, which seeks to address the barriers to pain assessment and treatment and thus improve pain management, will first focus on home care programs in south central and northwestern Wisconsin. This will provide us the opportunity to compare the challenges faced by agencies in both urban and rural settings. The proposed educational program is patterned after a training program for long term care facilities that was successfully piloted in southeastern Wisconsin by Dr. David Weissman and his colleagues in conjunction with the WCPI. This program incorporates the clinical learning principles of the Cancer Pain Role Model Program and the institutional processes described in The Wisconsin Resource Manual. After the completion of the Wisconsin programs, project staff will present regional workshops to stimulate replication of these efforts in other states. Recruitment of participants will be facilitated through the network of state cancer pain initiatives.²⁰

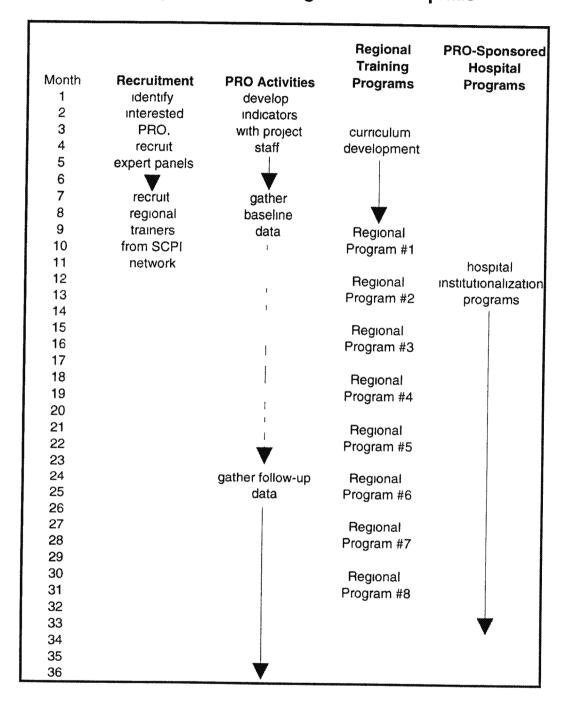
We propose the following steps for the process:

- a. Each of the home care agencies in the two identified regions of Wisconsin will receive a letter inviting them to participate in this program. Agencies will be asked to select a team of two or three institutional "change agents" such as nursing supervisors, education directors, medical directors, pharmacists, or administrators.
- b. Project staff will contact and identify interested agencies, and perform a site visit to explain the project and recruit and encourage home care agency involvement.
- c. Project staff will perform needs assessments and help individual agencies begin their plans for institutional change.
- d. The teams from each agency will be invited to attend one full-day and two half-day regional workshops at no cost. The workshops will be offered at three month intervals, with reporting and updating of action plans and consulting on difficult problems between workshops. The following content will be addressed, although other topics may be added at the request of participants:
  - pain assessment and documentation
  - pain management--drug and non-drug treatments
  - development of pain education programs
  - development of patient care standards and accountability for pain management
  - development of a team approach to pain management
  - development of a pain quality improvement process
- e. Program staff will visit each program at the conclusion of the program for follow-up and evaluation.
- f. The program will be presented at a series of regional workshops to enable key people to replicate the program in their own states. The state cancer pain initiatives will assist with identifying and recruiting participants.
- g. Sets of educational videos will be made available at cost to facilitate ongoing educational/orientation/refresher programs for agency staff.

## IV. Time Lines for Completion of Project Goals

The proposed time lines for completion of the goals of the project are summarized in Figures 1 and 2.

Figure 1
Timeline for Completion of Pain Management
Quality Assurance Programs for Hospitals



	program					
Month	development	recruitment	program	evaluation	program	evaluation
1	evaluate				recruitment of	
2	existing programs				SCPI's	
3	•	mailing			-	
4	modify as needed					
5						
6	•	site visits			Chosen SCPI's	
7	finalize program				recruiting	
8		) Totalener			for state/	
9	•	•	1 day meeting		regional programs	
10						
11						
12			1/2 day meeting			
13						
14						
15			1/2 day meeting			
16				site visits		
17 18						
19				evaluate and		
20						
21				revise program		
22				•	Add home care	
23					component to	
24					regional training	
25					programs	
26					Programs	
27						
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31						
32						
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34						evaluation
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36						<b>V</b>

#### V. Selected References

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AME

June 27, 2002

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - 133-BL70 - Approval of Budget Revision/Extension Requests

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

After reviewing your proposed budget revision request, we are approving your revised budget for the period of August 1, 2001, through July 31, 2002. Enclosed is a revised financial reporting form reflecting your approved budget of \$129,139. This form should be used when reporting expenditures for this period.

We are also approving your extension request for the period August 1, 2002, through January 31, 2003. Enclosed is a copy of your financial reporting form with your approved budget of \$24,900 for use when reporting expenditures for the above-mentioned period.

If upon receipt of your annual financial report your cumulative expenditures and extension budget exceed the total award amount, you will need to reduce and resubmit both your extension budget and budget narrative. Your annual financial and narrative reports are due August 31, 2002. In addition, your final financial and narrative reports will now be due by February 28, 2003.

If I can assist you further, please contact me at 609-627-5844.

Sincerely,

Sophia Kounelias Financial Analyst

/SXR Enclosures

cc: Janice Heisz-Kalvin Rosemary Gibson

Office of the Vice President and Treasurer

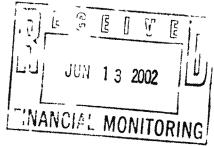
Case: 1:17-md-02804-DAP-Doc #: 2390-13 Filed: 08/14/19 238 of 373. PageID #: 394447



# <u>University of Wisconsin-Madison</u> Graduate School, Research and Sponsored Programs

June 7, 2002

Sophia Kounelias Financial Analyst Robert Wood Johnson Foundation Route One & College Road East P.O. Box 2316 Princeton, NJ 08543-2316



In reply, please refer to 133-BL70

RE: Grant # 032037

Dear Ms. Kounelias:

Enclosed is a request for a no cost extension through January 31, 2003 and a budget revision request for year 5 on the above-referenced grant, under the direction of June Dahl in the Department of Pharmacology.

This request has been administratively approved and is submitted for your consideration. Please advise this office of any developments in regard to this request.

Thank you for your assistance.

Sincerely,

Mary C. Koscielniak

Accountant

Enclosure

cc: Dahl, June - Pharmacology

Medical School Fiscal Services

File



June 5, 2002

Sophia Kounelias Financial Analyst The Robert Wood Johnson Foundation Route One and College Road East PO Box 2316 Princeton, NJ 08543-2316

Reference ID #032037 - Grant Budget Revision and Extension Request

Dear Ms. Kounelias:

Enclosed please find a request for 1) revision of the budget for Year 5 of the grant referenced above and 2) a request for a six-month extension of the grant period. The extension is needed to enable completion of key project activities: data analysis as well as preparation of a summary of results to be published in the literature and presented at national meetings.

A complete Annual Budget Report for Year 5 of this grant will be forthcoming in September.

If you have any questions, please contact Marty Skemp at 608-265-9173 or mmskemp@wisc.edu.

Sincerely,

Principal Investigator

Robert C. Andresen Administrative Officer

Cc: Michelle Larkin Mary Koscielniak

Department of Pharmacology

# LINE ITEM BUDGET AND BUDGET NARRATIVE REVISION & EXTENSION REQUEST YEARS 5 AND 6

for

## **INSTITUTIONALIZING PAIN MANAGEMENT**

A Robert Wood Johnson Foundation project

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

Submitted by

June L. Dahl, PhD
Professor of Pharmacology
Director of the Resource Center of the American Alliance of Cancer Pain Initiatives

The University of Wisconsin Medical School Madison, WI June 2002

# The Robert Wood Johnson Foundation Line Item Budget - Project Year Five

Grant Period: from August 1, 1997 to July 31, 2002 Budget Period: form August 1, 2001 to July 31, 2002

I. Personnel					
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget
June Dahl	Project Director	12%	\$6,172	\$8,254	\$14,426
Debra Gordon*	Project Associate	20%	\$28,708	\$3,416	\$32,124
Sandra Ward*	Project Associate	5%	\$5,478	(\$120)	\$5,358
Marty Skemp	Program Assistant	37 5%	\$9,713	\$5,133	\$14,846
Sarah Wochos	Program Assistant	25%	\$8,900	\$321	\$9,221
ТВА	Research Student	15%	\$3,120	(\$3,120)	\$0
Fringe Be (* Fringe Incli			\$7,931	\$16,440	\$24,371
Subtotal		ACCOMPANY OF THE PROPERTY OF T	\$70,022	\$30,324	\$100,346

### II. Other Direct costs

Office Operations	Approved Amount	Revision Request	Proposed Budget
Supplies	\$0	\$0	\$0
Printing	\$0	\$0	\$0
Telephone	\$0	\$0	\$0
Postage	\$0	\$0	\$0
Service Agreements	\$0	\$0	\$0
Communications	\$0	\$0	\$0
Software	SO	\$0	\$0
Equipment less than \$5000	\$0	\$0	\$0
Meeting Costs	\$63,961	(\$55,941)	\$8,020
Travel	SO	\$0	\$0
Subtotal	\$63,961	(\$55,941)	\$8,020
III. Indirect Costs	9% \$12,058	(\$2,305)	\$9,753
IV. Equipment	\$0	\$0 7	\$0
V. Consultant/ Contractual Agreements	\$8,000	\$3,030	\$11,020
Total	\$154,039	(\$24,900)	\$129,139

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### **Budget Narrative - Project Year Five**

Grant Period: (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2001 to 7/31/2002)

#### I. PERSONNEL

We request that \$30,324 be reallocated from Meeting Costs to Personnel costs for this budget period. This change reflects the restructuring of the grant, which substituted the production of online videoconferences for in-person meetings. This necessitated a greater allocation of staff time than originally estimated. This amount also reflects the fact that Ms. Gordon's Year 4 salary was not paid until Year 5.

#### II. OTHER DIRECT COSTS

#### **Meeting Costs:**

We request a reduction of \$55,941 in the amount allocated to Meeting Costs in Year 5: \$30,324 of that amount to be reallocated to Personnel (as indicated above) and \$3,030 to Consultant/Contractual Agreements. We are asking for an extension of the grant period and to use the remaining \$24,900 in Year 6.

#### III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$9.753. This is a reduction of \$2,305 due to a reduction in projected overall direct costs in Year 5.

#### IV. EQUIPMENT

None requested for this year.

# IV. CONSULTANTS/CONTRACTUAL AGREEMENTS Consultants:

The total approved amount to cover costs of consulting with the Wisconsin Survey Research Center to distribute, collect and analyze the results of a follow-up evaluation of the JCAHO standards is \$8,000. Due to the difficulty in acquiring a significant response rate from participating health care organizations, additional mailings were required to conduct the survey. We request a reallocation of \$3,030 from Meeting Costs to Consultants to cover this additional expenditure.

The Robert Wood Johnson Foundation

## Line Item Budget - Project Year Six

Grant Period: from August 1, 1997 to Jan 31, 2003 Budget Period: form August 1, 2002 to Jan 31, 2003

I. Personnel	1				
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget
June Dahl	Project Director	5%	\$0	\$3,202	<b>\$</b> 3 202
Debra Gordon*	Project Associate	5%	\$0	\$2,044	\$2,044
Sandra Ward*	Project Associate	5%	\$0	\$2,789	\$2,789
Marty Skemp	Program Assistant	15%	\$0	\$3,067	\$3,067
Sarah Wochos	Program Assistant	10%	\$0	\$1,817	\$1,817
ТВА	Research Student	0%	\$0	\$0	\$0
Fringe Benefit (* Fringe Included				\$2,628	\$2,628
Subtotal		Manager (19-1	\$0	\$15,547	\$15,547

#### II. Other Direct costs

Office Operations	Approved Amount	Revision Request	Proposed Budget	
Supplies	\$0	\$0	\$0	
Printing	\$0	\$0	\$0	
Telephone	\$0	\$0	\$0	
Postage	\$0	\$0	\$0	
Service Agreements	\$0	\$0	\$0	
Communications	\$0	\$0	\$0	
Software	\$0	\$0	\$0	
Equipment less than \$5000	\$0	SO	\$0	
Meeting Costs	\$0	\$0	\$0	
Travel	\$0	\$7,297	\$7,297	
Subtotal	\$0	\$7,297	\$7,297	
III. Indirect Costs	9% <b>S0</b>	\$2,056	2,056	
IV. Equipment	\$0	SO		
V. Consultant/ Contractual Agreements	\$0	\$0	33 85 6 Addison	
Total	\$0	\$24,900	\$24,900	

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### **Budget Narrative - Project Year Six**

Grant Period: (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2002 to 1/31/2003)

We request an extension of the grant period to January 1, 2003 (6 months) to allow for the continuation of activities related to the Post-Operative Pain (POP) Management Quality Improvement Project. These activities include: continuation of data analysis, reporting, and presentation of data results at various meetings.

#### I. PERSONNEL

We request continued salary coverage for key project personnel to collect, analyze and report on data related to the POP Project. We request \$15,547 from Year 5 be carried over to Year 6 to cover salary. Salaries reflect an increase of 4.2% from Year 5 and. Fringe benefits reflect 32.5% of base salaries.

#### II. OTHER DIRECT COSTS

#### **Travel Costs:**

We request \$7,297 be carried over form Year 5 to Year 6 to cover travel and meeting expenses related to the presentation of posters and symposia related to the POP Project.

#### IV. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$2,056

#### V. EQUIPMENT

None requested for this year.

### VI. CONSULTANTS/CONTRACTUAL AGREEMENTS

None requested for this year.

Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 245 of 373. PageID #: 394454

### Reed, Shana

From:

Gibson, Rosemary

Sent:

Tuesday, June 25, 2002 4:16 PM

To:

Reed, Shana Kounelias, Sophia

Cc: Subject:

RE: Grant #032037, U of WI - Budget Revision/Extension Request

ok

Rosemary Gibson, Sr. Program Officer The Robert Wood Johnson Foundation PO Box 2316, Princeton NJ 08543-2316 (609) 627-5970 RGibson@rwjf.org

> ----Original Message----From:

Reed, Shana

Sent:

Tuesday, June 25, 2002 10:02 AM

To:

Gibson, Rosemary

Cc:

Kounelias, Sophia

Subject:

Grant #032037, U of WI - Budget Revision/Extension Request

#### Rosemary -

I am assisting Sophia with a request from this grantee. The University of Wisconsin-Madison Medical School would like to extend their "Supporting quality improvement and JCAHO standard setting for pain management in hospitals" grant. This grant is currently scheduled to end 7/31/02.

They would like to extend the grant through 1/31/03. Additionally, they have requested a budget revision to year five. This adjustment would cover already reported overages, as well as allow funds for the extension budget.

I have no issues with either request. Please let me know if you also approve. I can be reached at ext. 7635 with any questions.

Thanks, Shana

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 627-6416

FA: SXK PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1'

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: Janice Heisz-Kalvin (608-263-7057)

Budget Period: Aug-01-2001 to Jul-31-2002

Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year: 5
Revised: Jun-28-2002

#### EXPENDITURES

Item	Approved Budget Amount	Period 1 08/01-01/02	Period 2 02/02-07/02	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
PERSONNEL	Dudget Amount	00/01-01/02	02/02-07/02				2483			
Project Director	14,426	9,287								
Project Associate	32,124	16,062								
Program Assistant	14,846	7,918								
Program Assistant	9,221	4,847								
Project Associate	5,358	2,679								
Fringe Benefits	24,371	13,108								
Personnel Subtotal	100,346	53,901								
OTHER DIRECT COSTS										
Meeting Costs	8,020	4,009								
Other Direct Subtotal	8,020	4,009								
CONSULTANT/CONTRACTUAL	11,020	11,020								
Cons/Contrct Subtotal	11,020	11,020								
INDIRECT COSTS	9,753	6,203								
Ind Costs Overage		-991								
Grand Total	129,139	74,142							·	-

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 627-6416

FA: SXK PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 1

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: Janice Heisz-Kalvin (608-263-7057)

Budget Period: Aug-01-2002 to Jan-31-2003

Grant Period: Aug-01-1997 to Jan-31-2003

Budget for Year: 6
Revised: Jun-28-2002

#### EXPENDITURES

Item	Approved Budget Amount	Period 1 08/02-01/03	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
PERSONNEL										
Project Director	3,202									
Project Associate	2,044									
Project Associate	2,789									
Program Assistant	3,067									
Program Assistant	1,817									
Fringe Benefits	2,628									
Personnel Subtotal	15,547									
OTHER DIRECT COSTS										
Travel	7,297									
Other Direct Subtotal	7,297									
INDIRECT COSTS	2,056									
									4	
99000000000000000000000000000000000000		A STATE OF THE STA				NATIONAL CONTRACTOR OF THE PARTY OF THE PART		<u></u>		

Grand Total 24,900



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November 14, 2001

CENTRAL FILES
PERMANENT COPY

August P. Hackbart Administrative Officer Research & Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Acknowledgement of Annual Financial & Progress Reports

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

After reviewing your budget revision request, we are approving your budget for the period August 1, 2001, through July 31, 2002. Enclosed is a revised financial reporting form reflecting your approved budget of \$154,041. This form should be used when reporting expenditures for this period.

We have received your annual progress report and have forwarded a copy of this report to Rosemary Gibson for her review. If she has any questions or comments, she will contact you directly.

In reviewing your annual financial report, we note that cumulative expenditures as of July 31, 2001, have been \$1,445,954. The Foundation has made payments to date totaling \$1,475,274 leaving you a cash balance of \$29,320. Enclosed with this letter is our check for \$63,000. This amount will equal your first payment under your Year 5 budget. Also enclosed for your convenience is a copy of your financial reporting form for the period August 1, 2001, through July 31, 2002, reflecting your approved budget of \$154,041.

Office of the Vice President and Treasurer

If I can assist you further, please contact me at 609-627-5844.

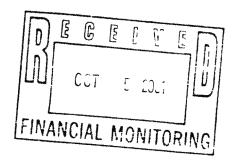
Sincerely,

Sophia Kounelias Financial Analyst

/SXK Enclosures

cc: June L. Dahl, Ph.D. Rosemary Gibson





October 4, 2001

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route One & College Road East
Princeton, NJ 08543-2316

Reference ID#032037 - Year 4 Grant Report and Revision Request

Dear Ms. Kounelias

Enclosed you will find the annual report for Year 4 as well as the revised budget and explanation for years 4 and 5 of the grant, Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System.

We are pleased to report the successful implementation of the new JCAHO pain standards effective January 1, 2001. We are also very excited about the progress and response with the nationwide Post-Operative Pain Management Quality Improvement Project.

If you have any questions or comments regarding this report, please contact Marty Skemp, Grants Manager at (608) 265-9173 or <a href="mailto:mmskemp@facstaff.wisc.edu">mmskemp@facstaff.wisc.edu</a>.

Sincerely,

June L. Dahl, PhD Principle Investigator

ne L. Dahl

Enclosure

Cc:

August Hackbart Rosemary Gibson

Department of Pharmacology

# LINE ITEM BUDGET AND BUDGET NARRATIVE REVISION REQUEST YEARS 4 &5

for

## INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation project

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

Submitted by

June L. Dahl, PhD
Professor of Pharmacology
Director of the Resource Center of the American Alliance of Cancer Pain Initiatives

The University of Wisconsin Medical School Madison, WI October 1, 2001 Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 252 of 373. PageID #: 394461

## TABLE OF CONTENTS

	PAGE
Line Item Budget - Project Year Four	3
Budget Narrative - Project Year Four	4
Line Item Budget - Project Year Five	6
Budget Narrative - Project Year Five	7

## The Robert Wood Johnson Foundation Line Item Budget - Project Year Four

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Grant Period from August 1, 1997 to July 31, 2002 Budget Period from August 1, 2000 to July 31, 2001

I. Personnel						18000000000000000000000000000000000000
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget	Expenses Incurred (to date)
June Dahl	Project Director	10%	\$11,700	\$5,850	<b>\$</b> 17 550	\$17 550
Pat Berry	Project Coordinator	30%	17,691	(983)	16,709	16,709
Karen Stevenson	Project Associate	20%	10,591	(1 042)	9 549	9,549
Deb Gordon*	Project Associate	20%	13,987	(12,507)	1,480	1,480
Marty Skemp	Project Assistant	40%	13,676	941	14,617	14,617
Sarah Wochos	Program Assistant	40%	11,826	1,259	13,085	13,085
Sandra Ward*	Program Associate	40%	5,339	(569)	4,770	4,770
Fringe Benefit (* Fringes Included)			21,282	3,969	25,251	25,251
Subtotal			\$106,092	(\$3,081)	\$103,011	\$103,011
II. Other Direct costs						·····
Office Operations		1	Approved Amount	Revision Request	Proposed Budget	Expenses Incurred (to date)
Supplies	Accessores on the special of the state of th		\$0	\$0	\$0	\$0
Printing	THE RESERVE THE PROPERTY OF TH		\$0	\$0	\$0	\$0
Telephone			\$0	\$0	\$0	\$0
Postage			\$0	\$0	\$0	\$0
Service Agreements	**************************************	-	\$0	\$0	\$0	\$0
Communications	***************************************		S0	\$0	\$0	\$0
Software			\$0	so	\$0	\$0
Equipment less than \$5000			\$0	\$0	\$0	\$0
Meeting Costs		······································	\$65,535	(\$45,135)	\$20,400	20,400
Travel	THE RESERVE THE PROPERTY OF TH		\$0	SO SO	\$0	\$0
Subtotal			\$65,535	(\$45,135)	\$20,400	20,400
III. Indirect Costs		9%	\$15,446	(\$4,339)	\$11,107	\$11,107
IV. Equipment			\$0	\$0	\$0	\$0
V. Consultant/ Contractu	al Agreements		\$0	\$0	\$0	\$0
Total			\$187,073	(\$52,556)	\$134,517	\$134,517

* no budget heursion completed - budget year has ended. -5th

## **Budget Narrative - Project Year Four**

Grant Period: (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2000 to 7/31/2001)

#### I. PERSONNEL

There are requested changes in personnel expenditures for Year 4. There were base salary increases for several personnel including Dr. Dahl, Ms. Skemp and Ms. Wochos. Due to University procedures, Ms. Gordon's Year 4 salary was not extracted from this account in year 4, but rather will show up in Year 5. We therefore ask for a reallocation of funds from Year 4 to Year 5. A personnel spending decrease of \$3,081 is requested in Year 4 and a reallocation of these funds to Year 5.

Title	Salary	Fringe Rate	Fringes	
Project Director	\$17,550	32 5%	\$5,704	
Project Coordinator	16,709	32 5%	\$5,430	
Project Associate	9,549	32 5%	\$3,103	
Project Assistant	14,617	32 5%	\$4,751	
Program Assistant	13,085	32 5%	\$4,253	
	Total Fringes	Total Fringes (except *)		

**FRINGE BENEFITS** - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

#### II. OTHER DIRECT COSTS

#### **Meeting Costs:**

As explained in the report narrative, the POP Team is concentrating its meeting efforts on a series of educational on-line videoconferences. Costs included in this category include but are not limited to travel and expenses of taping pain management experts for each video, honoraria for speakers, and production, editing and distribution costs. These conferences began in Year 4 and will continue into Year 5. We therefore ask for a decrease of expenditures of \$45,135 in Year 4, to be reallocated in Year 5.

#### III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a revised total of \$11,107.

#### IV. EQUIPMENT

No funds were requested for equipment in Year 4.

Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 255 of 373. PageID #: 394464

## V. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### Contracts

There were no contracts budgeted in Year 4.

#### Consultants:

There were no consultants in Year 4.

## The Robert Wood Johnson Foundation Line Item Budget - Project Year Five

Grant Period: from August 1, 1997 to July 31, 2002 Budget Period form August 1, 2001 to July 31, 2002

I. Personnel					۲
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget
June Dahl	Project Director	5%	\$6,172	\$0	\$6,172
Debra Gordon*	Project Associate	20%	\$15,154	\$13,554	\$28 708
Sandra Ward*	Project Associate	5%	\$5,478	\$0	\$5,478
Marty Skemp	Program Assistant	25%	\$9 018	\$695	\$9,713
Sarah Wochos	Program Assistant	25%	\$7,798	\$1,102	\$8.900
TBA	Research Student	15%	\$0	\$3,120	\$3,120
Fringe Ben (* Fringe Inclu		10000	7,471	\$460	\$7,931
Subtotal			\$51,091	\$18,931	\$70,022

II.	Other	Direct	costs

Office Operations	Approved Amount	Revision Request	Proposed Budget
Supplies	\$0	\$0	\$0
Printing	\$0	\$0	\$0
Telephone	\$0	\$0	\$0
Postage	\$0	\$0	\$0
Service Agreements	\$0	\$0	\$0
Communications	\$0	\$0	\$0
Software	\$0	\$0	\$0
Equipment less than \$5000	\$0	\$0	\$0
Meeting Costs	\$42,015	\$21,946	\$63,961
Travel	\$0	\$0	\$0
Subtotal	\$42,015	\$21,946	\$63,961
III. Indirect Costs	9% \$8,379	\$3,679	\$12,058
IV. Equipment	\$0	\$0	\$0
V. Consultant/ Contractual Agreements	\$0	\$8,000	\$8,000
Total	\$101,483	\$52,556	\$154,039

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#### **Budget Narrative - Project Year Five**

Grant Period: (from 8/1/1997 to 7/31/2002) Budget Period: (from 8/1/2001 to 7/31/2002)

#### I. PERSONNEL

Due to the extension of the grant to five years, and the restructuring of the meetings to a more personnel-intense structure, we are asking for an increase of \$18,931 to the approved budget. This money will cover costs of personnel conducting project coordination, data collection and analysis, and reporting of findings. We also ask for a student research assistant to assist in the data collection and analysis. Ms. Gordon's Year 4 salary will not be credited until Year 5 (as noted above in the Year 4 revision). Salaries indicate a 5% increase from Year 4.

Title	Salary	Fringe Rate	Fringes
Project Director	\$6,172	32%	\$1,975
Project Assistant	\$9,713	32%	\$3,108
Program Assistant	\$8,900 32%		\$2,848
	Total Fringes	(except *)	\$7931

**FRINGE BENEFITS** - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration

#### II. OTHER DIRECT COSTS

#### **Meeting Costs:**

The original requested meeting budget was \$42,015. We request an additional \$21,946 to cover the costs of video production and distribution, data analysis and outcome monitoring, reporting and distribution of final reports, and an incentive rebate program for participants. The total requested budget is \$63,961.

#### III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$12,058. This is an increase of \$3,679 from the approved budget. This increase in direct costs is due to the increase in both salary and meeting expenditures.

#### IV. EQUIPMENT

None requested for this year.

## IV. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### Consultants:

We request \$8,000 to cover costs of consulting with the Wisconsin Survey Research Center to distribute, collect and analyze the results of a follow-up evaluation of the

Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 258 of 373. PageID #: 394467

JCAHO standards. This evaluation was originally planned for Year 4, the closing of the Survey Research lab delayed the start of this project.

# ANNUAL PROGRESS REPORT: INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation project

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

8/1/97 - 7/31/02 Grant #032037

Submitted by

June L. Dahl, PhD

Professor of Pharmacology

Director of the Resource Center for State Cancer Pain Initiatives

The University of Wisconsin Medical School
Madison, WI
October 2001

## TABLE OF CONTENTS

I.	0	BJECTIVES AND ACCOMPLISHMENTS3
A		PROJECT OBJECTIVES3
В		PROJECT ACCOMPLISHMENTS
	1	JCAHO Standards Revisions 4
	2	Post-Operative Pain Management Quality Improvement Project (Formerly QIO/HCFA Project) 5
	3	Home Care Project 7
	4	Video Project . 7
II.	IN	TERNAL PROBLEMS7
III.		EXTERNAL PROBLEMS AND SUCCESSES8
A		JCAHO STANDARDS REVISIONS8
В		POST-OPERATIVE PAIN MANAGEMENT QUALITY IMPROVEMENT PROJECT
IV.		RELATIONSHIPS WITH OTHER ORGANIZATIONS8
V.	D	ISSEMINATION ACTIVITIES DURING THE PAST YEAR8
VI.		OTHER SOURCES OF SUPPORT9
VII.		PLANS FOR THE COMING YEAR9
A		JCAHO STANDARDS
В		POST-OPERATIVE PAIN MANAGEMENT QUALITY IMPROVEMENT PROJECT
С		HOME CARE PROJECT
D		VIDEO PROJECT 10
VIII		FOUNDATION'S ROLE10
IX.		BIBLIOGRAPHY

#### ANNUAL PROGRESS REPORT:

## INSTITUTIONALIZING PAIN MANAGEMENT

## Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

#### I. Objectives and Accomplishments

What were the project's objectives and how has the project met them in this year?

#### A. Project Objectives

The project originally had two major goals:

# 1. Development and implementation of a process to assure that the standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

The Standards Department of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) expressed support for a collaborative project to integrate pain assessment and treatment for all patients into the Joint Commission standards, intent statements, scoring guidelines and survey process questions. This presented us with a rare opportunity to improve pain management in hospitals and other health care facilities throughout the United States.

The Joint Commission's mission is to improve the quality of care provided to the public by offering health care accreditation and related services that support performance improvement in health care organizations. According to JCAHO documents, "the Joint Commission has comprehensive quality review programs for hospitals, health plans, home care agencies, laboratories, behavioral health care settings, long term care facilities, ambulatory care clinics, and networks of services that can, and often do, serve as an alternative to state and federal inspection of these organizations. In fact, the Joint Commission's Hospital, Home Care, and Laboratory Accreditation Programs are recognized by the federal Health Care Financing Administration (HCFA) as meeting or exceeding the federal quality standards for these organizations. Thus many of these organizations are able to use their Joint Commission accreditation to obtain Medicare certification through a process known as 'deemed status.' Similar reliance for licensure purposes exists for hospitals and other types of provider organizations in most states."

## 2. Development and implementation of national pain management quality improvement programs

At the same time that the process for revision of the JCAHO standards was being implemented, we proposed to initiate national pain management quality improvement efforts. Since the Joint Commission accredits 80% of the nation's hospitals, which account for 96% of the licensed beds, revised standards should be powerful forces for change in pain management practices in these settings. We proposed to reach hospitals by working in

collaboration with the HCFA supported state peer review organizations (PROs). We also proposed to implement programs specifically designed to meet the needs of patients being cared for by home care agencies. Although a relatively small percentage of these are JCAHO accredited, those in Wisconsin had shown a strong commitment to improving pain management practices.

All of the pain management quality improvement programs were planned to contain the essential elements of the model programs that project personnel have successfully conducted in Wisconsin and other states. These include NCI-funded Cancer Pain Role Model programs, 34 of which have been conducted over the past 7 years, 3 in Wisconsin and 31 in other states, and a cooperative quality improvement project with MetaStar (formerly the Wisconsin Peer Review Organization) which was directed at improving acute post-operative pain management in 22 Wisconsin hospitals.

The Wisconsin Resource Manual for Improvement, which was published in 1996 by the Wisconsin Cancer Pain Initiative, was proposed to serve as the "text" for the proposed quality improvement programs. It provides a step-by-step process as well as the necessary tools for clinicians and administrators to make pain management a priority in their settings.

We also proposed to create sets of educational videos that would be made available at cost to facilitate ongoing educational/orientation/refresher programs for agency staff.

#### B. Project Accomplishments

#### 1. JCAHO Standards Revisions

Year 4 has been devoted to assisting the JCAHO with educating surveyors and the field about the new standards, which, as of January, 2001, are being scored for compliance in eight accreditation programs:

- Hospitals
- Home Care
- Behavioral Health Care
- Managed Behavioral Health Care
- Long Term Care
- Long Term Care Pharmacies
- Health Care Networks
- Ambulatory Care

A second evaluation of the readiness of the field to meet the JCAHO pain assessment and management standards began in April 2001. We contracted with the Wisconsin Survey Center to conduct a 4-wave mail survey of approximately 1500 Joint Commission accredited healthcare facilities that were randomly selected by the JCAHO. The purpose of this survey is to assess the field's readiness to meet the new JCAHO pain standards.

We have continued to respond to numerous calls for information about the new standards from healthcare professionals in a variety of clinical settings. Most of the callers are referred to the JCAHO for assistance. We continue a close, collaborative relationship with the JCAHO Department of Standards.

#### Accomplishments on Revisions of the JCAHO Standards - Year 4

**November 2000:** Coordinated and presented a workshop/panel at the APS annual meeting on the JCAHO pain standards with participation from the JCAHO (Carole Patterson).

**January 1, 2001:** The pain assessment and management standards became part of the accreditation process

**April 2001:** Second evaluation of the field's readiness to meet the JCAHO pain standards initiated.

**June 2001:** The first of the survey mailings was sent out June 1, followed by a reminder postcard on June 8.

**July 2001:** All nonrespondents to the first survey mailing were sent a letter by the JCAHO encouraging them to participate by filling out and returning the survey.

Winter 2001: Participated in the planning of the 2001 JCAHO Leadership Pain Summits

**Spring and Summer, 2001:** Participated as faculty in the JCAHO Leadership Pain Summits

**June 2001:** Coordinated and presented a workshop/panel at the AACPI National Meeting on the JCAHO pain standards again, with representation from the JCAHO (Carole Patterson).

In addition, several presentations were given on the JCAHO standards and what they mean for healthcare organizations ( $Appendices\ A\ \&\ B$ ).

## 2. Post-Operative Pain Management Quality Improvement Project (Formerly QIO/HCFA Project)

In June 2000, the Post-Operative Pain (POP) Management Quality Improvement Project project-in-a-box was distributed to 239 hospitals across 50 states, thus beginning the 18-month "POP Project." The goal of the POP Project is to help hospitals establish an interdisciplinary quality improvement process to improve acute post-operative pain management. POP Project materials include:

#### 1. Site Coordinator's Manual

- Project background and description
- Site Coordinator strategies for implementation
- Data collection tools and Microsoft® Access instructions (hard copy)
- Microsoft® Access pain management database file on CD ROM

- Examples of quality improvement workplans
- Institutional Needs Assessment forms
- JCAHO pain standards and intent statements for hospitals
- AHCPR Clinical Guidelines for acute and post-operative pain (3)
- APS Quality Improvement Guidelines for the Treatment of Acute Pain and Cancer Pain
- APS Handbook on Treatment of Acute and Cancer Pain
- ASA Practice Guidelines for Acute Pain Management in the Perioperative Setting
- The Joint Commission on Accreditation of Healthcare Organizations, hospital standards and intent statements on pain from *The Comprehensive Accreditation Manual for Hospitals: the Official Handbook (CAMH)*

## 2. Building an Institutional Commitment to Pain Management: the Wisconsin Resource Manual, 2nd edition (text and CD ROM)

As outlined in the Post-Operative Pain (POP) project timeline, participants are given 18-months to: 1) complete an Initial Institutional Needs Assessment (months 0-3 months); 2) develop and complete an Initial Work Plan (months 3-6); 3) collect and enter baseline chart audit and patient survey data; 4) implement a strategic quality improvement program to improve pain management practices in their setting (months 6-18); 5) reevaluate and redesign their work plan throughout the process; 6) complete a Final Needs Assessment and Final Project Work Plan; 7) collect and enter post –implementation medical record audit and patient survey data; 8) complete evaluation of project; and 9) submit all forms and data to the project team.

Based on a needs assessment of project participants (Appendix C) the POP Team developed a series of online video presentations featuring experts in the filed of pain management. This series will address the need for more post-operative pain management education in "specialty populations" (pediatrics, opioid naïve patients, substance abusers, and emergency and trauma patients). These presentations which are accessible on the POP website at the convenience of the user include a video presentation accompanied by a slide presentation. References and a post-test are also included. These educational presentations will take the place of the regional educational meetings articulated in the original proposal. We believe this format will provide more participants the opportunity to access the information in a more convenient manner and at no extra cost.

In grant Year 4, since the initial mailing of the POP Project box, the POP Project Team has continued to aide participants in the implementation of policies and protocols and in overcoming barriers to institutionalization on a realistic timeline with examples of successful implementation through a list serve and a website. This list serve allowed participants to directly ask each other questions about implementation and outcome, specifics on pain management, and methods to overcoming institutional barriers. The website (<a href="www.wisc.edu/trc/projects/pop">www.wisc.edu/trc/projects/pop</a>) provided not only the video presentations, but also links to helpful pain management sites, tools for downloading, answers to data

collection questions, and updates on new developments in pain management. The list serve was used in excess of 50 times a month and the website was accessed approximately 500 times per month.

In addition, POP personnel streamlined the Access database used to collect data into a more comprehensive form and also made it more user-friendly by adding more detailed reports as well as instructions for modification. The majority of database questions are addressed on the website to assist participants at their convenience.

Finally, the POP Team reviewed the plan for outcome data and collection and analysis and piloted an analysis using mock data. We also began to collect pre-intervention data from participants, setting up a system of collection, submission and a process for analysis. A final project evaluation form is in development.

#### 3. Home Care Project

We refined the materials used in the Home Health Project and used this program as the foundation for the Practice Change Programs which generalizes the concept to include long-term care facilities and small community hospitals as well as home health agencies. We have successfully completed this program in conjunction with six State Cancer Pain Initiatives.

#### 4. Video Project

We implemented a marketing plan for the videos:

- 1. Initiative State Contacts sent a press release to their state's home care organization.
- 2. Initiative State Contacts were asked to contact their state surveyors for home health licensure to offer a complimentary copy of the videos. This was designed to facilitate the relationship between the Initiative and the surveyors and to provide for the surveyors' need for pain management education.
- 3. We distributed order forms at all conferences at which any member of our staff was in attendance.
- 4. We sent postcard announcements to home health agencies in one state to assess the effectiveness of a direct mail campaign. Few agencies responded.

We also made the videos available for order on line through *The Resource Center* web site. We market these videos for \$12 each or \$70 for the set of seven. We chose these prices to allow for maximum accessibility but also to allow us to cover our costs of dissemination. A total of 73 individual home health videos and 213 video sets (7 videos per set) were sold in Year 4.

#### II. Internal Problems

What internal challenges were encountered during this year that are related to the project's design, collaborations, staffing, operations, or other project factors? .

Staff and percentage changes resulted in time constraints and a shuffling of duties. In addition, University standards made us restructure our data collection process and review our system with our Human Subjects Committee.

#### III. External Problems and Successes

What challenges or successes were caused by factors external to the project?

#### A. JCAHO Standards Revisions

The JCAHO pain standards were effective as of January 1, 2001. This has and will continue to create a demand in the field for pain management educational and quality improvement resources. We continue to maintain a positive collegial relationship with the JCAHO staff

Due to the closing of the Wisconsin Survey Research Lab (WSRL) in September 2000, we contracted with the Wisconsin Survey Center to conduct the second evaluation of the field's readiness to meet the new JCAHO pain standards, which is presently in process. Challenges continue in obtaining a high response rate to the surveys. (*Appendix D*)

#### B. Post-Operative Pain Management Quality Improvement Project

There were some minor delays in taping some of the POP online video presentations due to busy schedules of hosts, travel-related delays, and editing issues. In general the online conferences are very popular with participants. In addition, we know that some hospitals were unable to fully initiate the POP project in their organization due to a variety of reasons such as lack of time or change of staff.

The varying experience with data collection and outcome monitoring made it difficult to give general guidance in data entry and database usage. Individual directives were given on many accounts and in most instances direct sep-by-step instructions were needed. Time constraints on participants made assessments of progress and data quantity measurements difficult. Changes in staff for participating hospitals also impeded progress. These challenges made us rethink our data collection timelines and we eventually extended the deadline for submission.

#### IV. Relationships With Other Organizations

If you are worked in collaboration with other organizations, or depended on other organizations or institutions to meet the objectives of this project, how did those relationships work?

The collaboration with the Standards Department of the JCAHO was very successful. We have maintained a working relationship with the JCAHO to jointly answer questions about the new pain standards.

The strong network of the State Cancer Pain Initiatives and the American Alliance of Cancer Pain Initiatives continues to provide efficient communications and dissemination of materials such as the Manual.

There are over 230 hospitals participating in the POP Project. We have worked with the University of Wisconsin School of Nursing, the UW Pyle Center, UW editing services, and other institutions audio/visual departments to produce and edit the POP online video presentations

#### V. Dissemination Activities During the Past Year

With a perspective on the entire project, what have been its key dissemination activities?

In Year 4 of the grant, we sold and distributed 1,488 copies of *Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual*, 1st and 2nd editions, which represents the foundation for this project. A total of 73 individual home health videos and 213 video sets (7 videos per set) and 24 additional POP resource boxes were sold in Year 4. We have continued to maintain the resources of the Wisconsin Cancer Pain Initiative and the Resource Center for State Cancer Pain Initiatives.

June Dahl gave approximately 56 talks on pain management, institutional change, and the JCAHO Standards during Year 3 (*Appendix A*). Pat Berry presented on the JCAHO standards at 5 speaking engagements (*Appendix B*).

#### VI. Other Sources of Support

Does the project have other sources of support?

The University of Wisconsin Medical School provides office space, electricity, accounting services, human resources services, and access to quality student hourly employees, printing services, and other university resources.

#### VII. Plans for the Coming Year

What are your plans for the project next year?

#### A. JCAHO Standards

We have contracted with the Wisconsin Survey Center to conduct a 4-wave mail survey of approximately 1500 Joint Commission accredited healthcare facilities that were randomly selected by the JCAHO. The purpose of this survey is to assess the field's readiness to meet the new JCAHO pain standards. The survey response has been quite low (23%) after two mailings We are now calling a sample of nonresponders to assess reasons for the unanticipated poor response rate.

#### Plans for year 5 - JCAHO Standards

**August-December 2001:** Continue with the survey evaluation process by sending a third and fourth full mailing of the survey to nonrespondents. Follow up with non-responders by phone. Assess results of the survey.

#### B. Post-Operative Pain Management Quality Improvement Project

POP Project participants were to engage in the 18-month project over the course of Year 4 and into Year 5. The steps for the remainder of this project are outlined below.

#### Years 5 Plans - POP Project

#### Fall - Winter 2001:

- Continue to receive and enter data from: Initial Needs Assessments, Initial Work Plans, pre-intervention Medical Record Audit Forms, Patient Survey Forms, data from over POP participants.
- Produce, edit and make available the remaining pain management video presentations.
- Continue to the POP web site and list serve to facilitate further sharing of ideas, resources, problems and successes among participants and PO Team members.
- Continue to disseminate pain management tools, resources and strategies as they become available.

Winter – Spring 2001/2: Collect remainder of outstanding forms, evaluations and data and enter into project database.

#### Spring - Summer 2002:

- Collect and analyze data received.
- Collect and summarize project evaluations. Assess the effectiveness of the project and its various components.
- Report findings to participants and journals. Present at appropriate pain management and quality improvement meetings and conferences.

The Resource Center of the American Alliance will continue to offer the POP Project Box for sale (Appendix E).

#### C. Home Care Project

The Home Care portion of this grant was completed in Year 4. However we continue to use this program as the foundation for the Practice Change Programs which generalizes the concept to include long-term care facilities and small community hospitals as well as home health agencies. We have successfully completed this program in conjunction with six State Cancer Pain Initiatives.

#### D. Video Project

The Video Project portion of this grant was completed in Year 4. However we continue to market and disseminate these videos through the Resource Center of the American Alliance of Cancer Pain Initiatives (*Appendix E*).

#### VIII. Foundation's Role

How do you see the Foundation's role?

Case: 1:17-md-02804-DAP_Doc #: 2390-13 Filed: 08/14/19 269 of 373. PageID #: 394478

The Foundation has been extremely helpful and communicative throughout the entire process, assuring the success of this project. The Foundation continues to support pain management efforts, which are largely an outgrowth of this grant.

#### IX. Bibliography

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UW Pain Management Improvement Group. (2000). <u>Post-Operative Pain Management Quality Improvement Project</u> (Project-In-A-Box). Madison, WI: University of Wisconsin-Madison Board of Regents.





March 23, 2000

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Approval of Budget Revision and Extension

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

After reviewing with Rosemary Gibson your proposed budget revision request, we are approving your revised budget for the period August 1, 1999, through July 31, 2000. Enclosed is a revised financial reporting form reflecting your approved budget of \$526,313. This form should be used when reporting expenditures for this period.

We have also reviewed your extension request for the period August 1, 2000, through July 31, 2002, and approve it as well. The budget for the extension period August 1, 2000, through July 31, 2001, is \$165,287, and for the period August 1, 2001, through July 31, 2002, is \$56,081.

Annual financial and progress reports will be due August 31, 2000 and August 31, 2001. Your final financial and grant reports will now be due August 31, 2002.

Office of the Vice President and Treasurer

If I can assist you further, please contact me at 609-243-5864.

Sincerely,

Joseph P. Wechelberger Financial Analyst

/JPW Enclosure

cc: August P. Hackbart Rosemary Gibson

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Project Director: June L. Dahl (608-262-0978)

Fiscal Officer: August P. Hackbart (608-262-0152)

Grantee: University of Wisconsin-Madison Medical

Page: 1 '

School

Grant Number: 032037

Budget Period: Aug-01-1999 to Jul-31-2000 Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year : 3
Revised: Mar-21-2000

#### EXPENDITURES

Item	Approved Budget Amount	Period 1 08/99-01/00	Period 2 02/00-07/00	Period 3	Period 4	Period 5	Period 6	Total	Variance	Pct
PERSONNEL	Budget Amount	08/99-01/00	02/00-07/00							
Project Director	21,578									
Project Coordinator	46,863									
Project Associate	16,199									
Project Associate	36,821									
Project Associate	4,835									
Project Associate	3,904									
Program Assistant	12,283									
Program Assistant	32,500									
Program Assistant	28,103									
Student Assistant	16,640									
Fringe Benefits	64,473									
Personnel Subtotal	284,199									•
OTHER DIRECT COSTS										
Supplies	6,000									
Printing	746									
Telephone	2,400									
Postage	3,265									
Service Agreements(s)	1,750									
Communications/Mrkting	24,019									
Software	700									
Equipment less than \$5000	2,500									
Meeting Expenses	72,933									
Travel	23,264									

## Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 275 of 373. PageID #: 394484

#### FINANCIAL REPORT

#### The Robert Wood Johnson Foundation

P.O.Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

FA: MLH PA: JMS PO: RG

Grantee: University of Wisconsin-Madison Medical

Page: 2

School

Project Director: June L. Dahl (608-262-0978)

Grant Number: 032037

Fiscal Officer: August P. Hackbart (608-262-0152)

Budget Period: Aug-01-1999 to Jul-31-2000

Grant Period: Aug-01-1997 to Jul-31-2002

Budget for Year : 3
Revised: Mar-21-2000

#### EXPENDITURES

Item	Approved	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Total	Variance	rct
	Budget Amount	08/99-01/00	02/00-07/00							
Other Direct Subtotal	137,577									
INDIRECT COSTS	37,960									
CONSULTANT/CONTRACTUAL	66,577									
Cons/Contrct Subtotal	66,577									
Grand Total	526,313									



March 15, 2000

Joseph Wechselberger Finance Department The Robert Wood Johnson Foundation Route One and College Road East Princeton, NJ 08543-2316

Reference ID #032037 – Revision Request

Dear Mr. Wechselberger,

Enclosed you will find the revised budget and explanation for the project cited above whose goal is to make pain management a priority in the health care system through quality improvement processes and revision of the JCAHO standards.

We sincerely regret the delay in getting this proposal revision to you. We have experienced a number of exciting changes and as a result have had some shifts in responsibilities of the persons involved in implementing the project. This has been a period of transition and reorganizing.

We appreciate your patience and hope that the enclosed document will satisfy your requirements. Please contact Marty Skemp, Grant Manager at (608) 265-9173 or <a href="mailto:mmskemp@facstaff.wisc.edu">mmskemp@facstaff.wisc.edu</a> if you have further questions.

Sincerely,

June L. Dahl, PhD Principle Investigator

MAR 1 6 2000

FINANCIAL MONITORING

cc: Rosemary Gibson August Hackbart

# LINE ITEM BUDGET AND BUDGET NARRATIVE REVISION REQUEST

for

## INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation Grant to

Make Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

Submitted by

June L. Dahl, PhD
Professor of Pharmacology
Director of the Resource Center of the American Alliance of Cancer Pain Initiatives

The University of Wisconsin Medical School Madison, WI March 1, 2000

## TABLE OF CONTENTS

	PAGE
Line Item Budget - Project Year Two	3
Budget Narrative - Project Year Two	4
Line Item Budget - Project Year Three	
Line Item Budget - Project Year Four	
Budget Narrative - Project Year Four	
Biographical Sketches of Key Personnel	
Overview of Roles and Relationships of Key Personnel	

## The Robert Wood Johnson Foundation Line Item Budget - Project Year Two

Grant Period: from August 1, 1997 to July 31, 2000 Budget Period: from August 1, 1998 to July 31, 1999

Name	Position	% Time	Approved Amount			
June Dahl Pat Berry	Project Director	35%	\$34,702		\$34,702	\$34,70
Debra Gordon	Project Coordinator	80%	\$40,768	•	\$40,768	
Karen Stevenson	Project Associate Project Associate	20% 60%	\$9,759 \$27,456			
Kate Roberts	Project Associate	0%	\$8,320			,
Sandra Ward	Project Associate	10%	\$7,508	1	\$2072 \$7508	1
Sarah Wochos	Program Assistant	100%	Φ2,508 O <b>\$</b>	i		1
Jason Rasmussen	Program Assistant	100%	\$24,877	\$1736		
Marty Skemp	Program Assistant	100%	\$24 877	\$1736		
TBA*	Student Assistant	100%	\$15 143		1	
Fringe Benefits (339 *39 Subtotal			\$59,282 \$353,503	\$2144		1
			\$252,692	\$9260	\$261,952	\$255,666
Supplies			\$4,200	\$4,089	\$8 289	\$8 289
Printing				Siconomica (Siconomica (Sicono		\$8 289
Telephone			\$2,085	\$2,749		
Postage			\$4,451	\$0	\$4 451	\$2 984
			\$3,265	\$0	\$3,265	\$3,131
Service Agreements			\$1,750	\$0	\$1,750	<b>\$</b> 550
Communications	55750000000000000000000000000000000000		\$240	\$36,821	\$37,061	\$0
Software	656655566666666666666666666666666666666		<b>\$</b> 555	\$0	<b>\$5</b> 55	\$0
Equipment less than \$5000			\$750	\$0	\$750	\$750
Meeting Costs	0000 American (na chi maray di ku ya casa 1500 a assassa ay nya atah kula marasa nya daga		\$113,538	-\$109,704	\$3,834	\$3,834
Travel ·	20cccope posta da mynaco como o posso de com <u>encia del maiorem, 4,000 de</u> como que		\$23,477	-\$16,397	\$7,080	\$5,478
Subtotal			\$154,311	-\$82,442		
III. Indirect Costs		9%	\$36,630	-\$6,586	\$30,043	\$25,967
900000000000000000000000000000000000000		T	\$0	\$0	\$0	\$0
IV. Equipment		I	1		1	
IV. Equipment V. Consultant/ Contractu	al Agreements		\$101,496	-\$25,500	\$75,996	
	al Agreements		***************************************	-\$25,500 -\$105,268		\$63,681 \$378,164

\$166,965

Total Surplus (budget -

expenses)

## Budget Narrative - Project Year Two

Grant Period: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1998 to 7/31/1999)

#### L PERSONNEL

There are requested changes in personnel expenditures for Year 2. Ms. Roberts worked less than originally anticipated and Ms. Stevenson worked more, as Ms. Stevenson assisted in conducting site visits for the home health project. An additional Program Assistant was hired during Year 2 in order to assist with tasks associated with the JCAHO Standards revisions, revision of Building an Institutional Commitment to Pain Management: the Wisconsin Resource Guide for Improvement, the institutionalization of pain management, and coordination of the Post-Operative Pain Management Project (formerly the PRO project). A spending increase of \$9260 is requested in the personnel budget.

<u>Title</u>	Salary	Fringe Rate	Fringes
Project Director	\$34,702	33.0%	\$11,452
Project Coordinator	\$40,768	33.0%	\$13,453
Project Associate	\$12,755	33.0%	\$4,209
Project Associate	\$29,147	33.0%	\$9,619
Project Associate	\$2,072	33.0%	\$684
Research Consultant	\$7,508	33.0%	\$2,478
Program Assistant	\$4,524	33.0%	\$1,493
Program Assistant	\$26,613	33.0%	\$8,782
Program Assistant	\$26,613	33.0%	\$8,782
Student Assistant	\$15,824	3.0%	\$476
	•	Total Fringes	\$61,427

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

#### II. OTHER DIRECT COSTS

#### **Office Operations:**

Printing - An increase of \$2,749 is requested for this line item to cover printing costs which were greater than originally anticipated. The higher costs included printing related to the successful Standards changes, business cards for use in promoting the overall project, materials for the Post-Operative Pain (POP) project and home health projects, and materials used to promote the Standards project at national meetings.

#### **Meeting Costs:**

We request a reallocation of a major portion of the meeting budget from year 2 to years 3 and 4. These funds pertain to the four regional meetings scheduled in year 2, budgeted at \$107,352. These meetings were not held in Year 2 as the post-operative pain project was restructured. We are unable to recruit hospitals through the state

peer review organizations and will directly invite randomly selected hospitals from across the nation to participate in this quality improvement project. We expect to use these funds for what is now called the Post-Operative Pain (POP) Management Project in Years 3 and 4.

In addition, only \$3,834 of the budgeted \$6,186 for the final two half-day conferences for the Wisconsin home care project was spent and we ask that the remaining \$2,352 also be reallocated to meeting costs in Year 3.

#### **Project Staff Travel:**

University of Wisconsin-Madison travel regulations and per diems were used to calculate travel costs. \$5,478 was spent on travel in Year 2. Staff travel to national meetings exceeded the original budgeted amount. However, because of the problems associated with implementing the POP project via peer review organizations, travel costs related to the POP project were not incurred in Year 2. Therefore, we ask for a reallocation of \$16,397 for the POP project in Years 3 and 4.

JCAHO Standards Project - A total of \$1,404 was requested for three trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip, at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals, estimated at \$25/day totaling \$150. The actual cost of these trips was \$802.

Home Care Quality Assurance Programs - A total of \$1,473 was requested for mileage for the follow-up and evaluation site visits to the 100 home care agencies participating in the project. Estimates were based on the same formulas used in Year 1. The actual mileage expenditure was \$865.

Faculty travel to Regional Training Programs - A total of \$17,000 was requested to cover the faculty travel costs for the four regional quality improvement training programs for the POP project that were to be held this year. This program was postponed until Year 3 and we request a reallocation of these funds to Years.

National Meetings - The total budget requested was \$3,600 to support costs of travel, lodging and meals for three project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives. Due to the success of this project and unanticipated interest in the changes in the Standards, more staff attended these meetings and costs were greater than anticipated. \$3,811 was the actual cost of this travel.

#### III. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a revised total of \$30,043.

#### IV. EQUIPMENT

None requested for this year.

## V. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### **Contracts**

Research Associate - The budget of \$64,106 reflects a 4% salary increase with a 28% fringe benefit rate.

#### **Consultants:**

#### Joleen Rischer, RN

Ms. Rischer did not continue with the functions of Year 1, as the direction of the POP project shifted.

#### David Weissman, MD

Dr. Weissman was not utilized this year. We request that the \$5000 originally allocated to his services be reallocated to a subsequent year.

#### Stephen R. Connor, PhD

Dr. Connor spent one day as a consultant at \$300 per day for a total of \$300.

#### Loriann De Martini, PharmD - unpaid consultant

Dr. DeMartini continued to act as an unpaid consultant for the JCAHO standards project.

## Barbara Woodford, RN - unpaid consultant

Ms. Woodford continued to act as an unpaid consultant for the home care and JCAHO projects.

## Thomas H. Brown, RN, MSN

Mr. Brown spent one day as a consultant at \$300 per day for a total of \$300.

## Reviewers for JCAHO Standards for long term care

Each of the reviewers spent one day as a consultant at \$300 per day, for a total of \$1500.

## Site visitor for the home care project (Mary Gerber)

The site visitor spent a total of 20 days making site visits. At \$300 per day, total for the year was \$6,000.

## The Robert Wood Johnson Foundation Line Item Budget - Project Year Three

Grant Period: from August 1, 1997 to July 31, 2000 Budget Period: form August 1, 1999 to July 31, 2000

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Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget	Expenses Incurre (to date
June Dahl	Project Director	20%	\$36,090	-\$14,512	\$21,578	\$10,17
Pat Berry	Project Coordinator	80%	\$42,398	\$4,465	\$46,863	\$20,38
Debra Gordon	Project Associate	30%	\$10,150	\$6,050	\$16,199	\$9,74
Karen Stevenson	Project Associate	70%	\$28,554	\$8,267	\$36,821	\$16,01
Mary Bennett	Project Associate	10%	\$8,653	-\$3,818	\$4,835	-\$60
Sandra Ward	Project Associate	5%	\$7,808	-\$3,904	\$3,904	\$1,83
Jason Rasmussen	Program Assistant	40%	\$25,872	-\$13,589	\$12,283	\$13,35
Marty Skemp	Program Assistant	100%	\$25,872	\$6,628	\$32,500	\$14,80
Sarah Wochos	Program Assistant	100%	\$0	\$28,103	\$28,103	\$13,62
ГВА	Student Hourly (2)	100%	\$15,749	\$891	\$16,640	\$9,88
Frange Bene	efits		\$61,653	\$2819	\$64,472	\$34,76
Subtotal			\$262,799	\$21,408	\$284,199	\$143,98
Supplies			\$4,410	\$1,590	\$6,000	\$5,89
Printing	00000000000000000000000000000000000000		\$1,746	-\$1000	\$746	\$
Telephone	000000000000000000000000000000000000000		\$3,379	-\$979	\$2,400	\$222
Postage			\$3,265	\$0	\$3,265	\$55
Service Agreements			\$1,750	\$0	\$1,750	\$50
Communications		***************************************	\$240	\$23,779	\$24,019	
Software	- consumment for franchismus and beginning to the first of the first o		\$450	\$250	\$700	\$69
Equipment less than \$5000			\$500	\$2,000	\$2,500	\$2
Meeting Costs			\$80,514	-\$7,581	\$72,933	\$28,55
[ravel	accompanies and the second	***************************************	\$17,754	\$5,510	\$23,264	\$12,43
Subtotal		·····	\$114,008	\$23,569	\$137,577	\$50,90
III. Indirect Costs		9%	\$33,913	\$4,047	\$37,960	\$17,54
V. Equipment			\$0	\$0	\$0	
V. Consultant/ Contra	ctual Agreements		\$92,668	-\$26,091	\$66,577	TO She the an experimental remainment record and absolute and second
Total		Marian Company of the	\$503,388	\$22,925	\$526,313	\$36,82



## **Budget Narrative - Project Year Three**

Grant Period: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1999 to 7/31/2000)

#### L PERSONNEL

There are changes in personnel for Year 3. Ms. Roberts will not participate in Year 3 and is replaced by Ms. Mary Bennett, who will make national site visits to assist state cancer pain initiatives to become effective resources for supporting the implementation of the revised JCAHO Standards. Ms. Bennett will also assist Ms. Stevenson and Dr. Berry in preparation for implementing the home health pilot project at the national level. Ms. Gordon and Ms. Stevenson will each increase their efforts 10% in order to revise the Resource Manual on the institutionalization of pain management. An additional Program Assistant will assist in the publicity and implementation support relating to the JCAHO Standards revisions, the update of our institutionalization manual, and the implementation of the POP project.

Title	Salary	Fringe Rate	Fringes		
Project Director	\$21,578	31.5%	\$6,797		
Project Coordinator	\$46,863	31.5%			
Project Associate	\$16,199	31.5%			
Project Associate	\$36,821	31.5%			
Project Associate	\$4,835	31.5%			
Research Consultant	\$3,904	31.5%	: •		
Program Assistant	\$12,283	31.5%			
Program Assistant	\$32,500	31.5%			
Program Assistant	\$28,103	31.5%			
Student Assistant	\$16,640	3.00%			
	Total		\$64,472		
	Fringes				

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

#### II. OTHER DIRECT COSTS

#### **Meeting Costs:**

The original requested meeting budget was \$80,514. We request \$7581 of the original budget to be reallocated to years 4 and 5 for the POP project.

#### **Project Staff Travel:**

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$ 23,264 is requested.

JCAHO Standards Project - A total of \$1,404 is requested for three trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately

300 miles round trip, at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals, estimated at \$25/day totaling \$150.

Faculty travel to Regional Training Programs - A reallocation of \$12,750 is requested for POP travel in Years 4 and 5.

Initiative Coordinator Site Visits - A budget of \$14,660 is requested to allow the Initiative Coordinator to make 15 site visits to Initiatives to prepare them to be effective networks to support the implementation of the JCAHO Standards. During these visits, the Coordinator will assist the Initiatives with problem solving, organizational development and strategic planning. For each visit, \$700 is allowed for airfare, \$200 for hotel, \$20 for ground transportation and \$64 for food.

National Meetings - The total budget requested is \$7,200 to support costs of travel, lodging and meals for six project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives. This is an increase of \$3,600 from the original request.

#### **III. INDIRECT COSTS**

Indirect costs are calculated at a 9% rate of budget categories I and II, for a total of \$37,960. The majority of this increase is due to the transfer of \$23,779 from the Consultants/Contractual Agreements category to Office Supplies, which incurs indirect costs

#### IV. EQUIPMENT

None requested for this year.

## IV. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### **Contracts**

Research Associate at JCAHO -The budget of \$66,577 reflects a 4% increase over Year 2. In Year 3, JCAHO will use these funds to develop and produce educational videos for surveyor education and implementation of the revised pain standards.

#### Consultants:

#### Joleen Rischer, RN

Ms. Rischer will not serve on this project in Year 3. We request that the monies originally allocated to this line item be reallocated to other project expenses.

#### David Weissman, MD

Dr. Weissman will not serve on this project in Year 3. We request that the monies originally allocated to this line item be reallocated to other project expenses.

## The Robert Wood Johnson Foundation Line Item Budget - Project Year Four

Grant Period: from August 1, 1997 to Jan 31, 2002* Budget Period: form August 1, 2000 to July 31, 2001

L. Personnel				oorgoon (CCC) Sy a a a sa a sa a sa a sa a sa a sa a	OCCUPATION OF THE PROPERTY OF	00000000mggggggg0000000000000000000000
Name	Position	% Time	Approved Amount			Expense Incurred (t date
June Dahl	Project Director	7.5%	\$0	\$8,416	\$8,416	S
Pat Berry	Project Coordinator	37 5%	\$0	\$22,842	\$22,842	\$
Karen Stevenson	Project Coordinator	25.0%	\$0	\$13,676		s
Debra Gordon*	Project Associate	10%	\$0		, ,	s
Marty Skemp	Project Assistant	37.5%	\$0	,		\$
Sarah Wochos	Project Assistant	25.0%	\$0	,	,	S
Sandy Ward*	Project Associate	5.0%	40	\$5,192	1.,	
Fringe Benefits (31.5%) * already includes fringes				\$20,449		\$
Subtotal			\$0	\$97,739	\$97,739	\$
II. Other Direct costs Office Operations		~1857555556Gb-++++++++++++++++++++++++++++++++++++	9000M/mmmmmmmmmbobooooppgaagagagagagagagagagagagagagagagag	g00000	(groom)go tatalahanananangga ga	900000000000000000000000000000000000000
	00000000000000000000000000000000000000			***************************************		30000000000000000000000000000000000000
Supplies			\$0	\$0	\$0	S
Printing			\$0	\$0	\$0	S
Telephone			\$0	\$0	\$0	\$
Postage			\$0	\$0	\$0	\$
Service Agreements			\$0	\$0	\$0	S
Communications			\$0	\$0		\$
Software			\$0	\$0		\$
Equipment less than \$5000			\$0			\$
Meeting Costs			\$0	\$53,900	\$53,900	\$
Travel			\$0	\$0	\$0	\$
Subtotal			\$0	\$53,900	\$53,900	\$
		55545000000000000000000000000000000000	M44606000000000000000000000000000000000	***************************************	***************************************	1800100104hA-phoposososososos
III. Indirect Costs		9%	\$0	\$13,648	\$13,648	\$
IV. Equipment		***************************************	\$0	\$0	\$0	\$(
V. Consultant/ Contractual Agreements			\$0	\$0	\$0	\$
Total			\$0	\$165,287	\$165,287	\$0

^{*}Reflects proposed new grant period

## **Budget Narrative - Project Year Four**

Grant Period: (from 8/1/1997 to 1/31/2002) Budget Period: (from 8/1/1999 to 7/31/2001)

#### I. PERSONNEL

We propose extending the salaries of personnel associated with the POP project to allow for the implementation of the project, as well as project analysis. We also propose extending the salary of the Project Coordinator to allow her to oversee the post-evaluation component of the JCAHO Standards project

<u>Title</u>	Salary	<u>Fringe</u>	<u>Fringes</u>	
Project Director	\$8,416	<u>Rate</u> 31.5%	\$2,651	
Project Coordinator	\$22,842	31.5%	\$7,195	
Project Coordinator	\$13,676	31.5%	\$4,308	
Project Associate	\$7,182			
Project Assistant Project Assistant	\$12,675 \$7,307	31.5%	\$3,993	
Project Associate	\$7,307 \$5,192	31.5%	\$2,302	
	Tota	al Fringes	\$20,449	

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

#### II. OTHER DIRECT COSTS

#### **Meeting Costs:**

The requested meeting budget is \$55,900 for the site visits, conference calls, and other meeting expenses related to the POP Project.

#### III. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$13,648.

#### IV. EQUIPMENT

None requested for this year.

## V. CONSULTANTS/CONTRACTUAL AGREEMENTS

None requested for this year.

## The Robert Wood Johnson Foundation Line Item Budget - Project Year Five

Grant Period: from August 1, 1997 to Jan 31, 2002 Budget Period: form August 1, 2001 to July 31, 2002

L. Personnel			00000000000000000000000000000000000000			***************************************
Name	Position	% Time	Approved Amount	Revision Request	Proposed Budget	Expense Incurred (to date
June Dahl	Project Director	5.0%	\$0	\$2,918	\$2,918	\$(
Debra Gordon*	Project Associate	10.0%	\$0	\$2,807	\$2,807	s
Marty Skemp	Project Assistant	25.0%	\$0	\$4,394	\$4,394	\$
Sarah Wochos	Project Assistant	5.0%	\$0	\$2,280	\$2,280	\$
Sandy Ward*	Project Associate	5.0%		\$2,111	\$2,111	\$
Fringe Benefits (31.5%) * already includes fringes				\$3,906	\$3,906	\$
Subtotal			\$0	\$18,416	\$18,416	\$
II. Other Direct costs				Machine, specimentum i discini di conggi	Second Communication of	
Office Operations			ainempress constitution con press condition con p	##************************************		000000000000000000000000000000000000000
Supplies			\$0	\$0	\$0	\$
Printing	150d:00000000000000000000000000000000000		\$0	\$0	\$0	\$
Telephone	ereste de la constant	NS CS	\$0	\$0	\$0	\$
Postage	50055559-4kd000000000000000000000000000000000000	***************************************	\$0	\$0	\$0	\$
Service Agreements			\$0	\$0	\$0	\$
Communications			\$0	\$0	\$0	\$
Software			\$0	\$0	\$0	\$
Equipment less than \$5000			\$0	\$0	\$0	
Meeting Costs			\$0	\$33,035	\$33,035	\$
Travel			\$0	\$0	\$0	\$
Subtotal			\$0	\$ <b>29.273</b> 33 635	- <b>\$29,273</b> 33, 03 (	\$
				30000000000000000000000000000000000000		000000000000000000000000000000000000000
III. Indirect Costs		9%	\$0	\$4,630	\$4,630	\$
IV. Equipment			\$0	\$0	\$0	s
V. Consultant/ Contractual Agreements			\$0	\$0	\$0	\$
Total	Ni berroom gastificensia aanaa aanaa ahii beessaa aanaa aanaa ahii qay		\$0	\$56,081	\$56,081	\$0

# **Budget Narrative - Project Year Five**

Grant Period: (from 8/1/1997 to 1/31/2001) Budget Period: (from 8/1/2001 to 7/31/2002)

#### VI. PERSONNEL

We propose extending the salaries of personnel associated with the POP project to allow for the conclusion of the POP project, data collection and project analysis.

Title	Salary	<u>Fringe</u>	<u>Fringes</u>
Dunin at Disset	•	<u>Rate</u>	
Project Director	\$2,918	31.5%	\$919
Project Associate	\$2,807	31.5%	\$884
Project Assistant	\$4,394	31.5%	\$1,384
Project Assistant	\$2,280	31.5%	\$718
Project Associate	\$2,111		Ψ, 10
	Tota	al Fringes	\$3,906

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

# VII. OTHER DIRECT COSTS

#### **Meeting Costs:**

The requested meeting budget is \$33,035 for the site visits, conference calls, follow-up and data analysis related to the POP Project.

# VIII. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$4,630.

### IX. EQUIPMENT

None requested for this year.

# X. CONSULTANTS/CONTRACTUAL AGREEMENTS

None requested for this year.

## **Biographical Sketches of Key Personnel**

#### June L. Dahl, PhD

Dr. Dahl is a Professor of Pharmacology at the University of Wisconsin Medical School. She received the PhD in physical chemistry and conducted basic neuroscience research for several years. More recently her attention has focused on educational and advocacy efforts in the field of pain management. She is co-founder and Chair of the Wisconsin Cancer Pain Initiative, a World Health Organization demonstration project. She is Co-Director of the WCPI Role Model Program and Director of The Resource Center for State Cancer Pain Initiatives, developed with funds provided by the Robert Wood Johnson Foundation. She serves on the Pain-Patient Care Team of the University of Wisconsin Hospital & Clinics. She has served as faculty for many quality improvement programs. She has been involved in the development of the Wisconsin Cancer Pain Initiative's educational materials for health care professionals, patients and families, is co-author of the Handbook of Cancer Pain Management and the Wisconsin Resource Manual for Improvement which will serve as the basis for the quality improvement programs with clinicians and administrators from various care settings. She has also been involved in the education of medical board members. Because she chaired Wisconsin's drug regulatory authority, the Controlled Substances Board, for ten years, she also brings an understanding of the impact of regulations on prescribing practices of clinicians. She serves on the Board of Directors of the American Pain Society (APS) and the Board of Scientific Advisors of the American Pain Foundation.

# Patricia Berry, PhD, RN, CRNH, CS

Dr. Berry brings over 20 years of experience in hospice and palliative care, and is a certified hospice and geriatric nurse practitioner. She also has extensive experience in undergraduate, graduate, and continuing education. She served as a hospice accreditation surveyor for the Joint Commission on the Accreditation of Healthcare Organizations for five years, co-authored the Hospice Nursing Standards of Practice and Professional Performance published by the Hospice Nurses Association, and oversaw the completion of and contributed to the Nursing Competencies published by the Wisconsin Cancer Pain Initiative. Her publications include barriers to pain management in hospice; handling, carrying, and disposing of controlled medications; caregiver and patient concerns about analgesics; and the importance of documenting care in specialty practices. She has lectured nationally on pain management, standards of nursing practice, regulations that impact hospice nursing practice, and safety issues in home care and hospice practice. She served as faculty for the hospice nursing certification review course of the Hospice & Palliative Nurses Association and has served as faculty for the model long-term care programs held in southeastern Wisconsin. For her doctoral dissertation, she examined cancer pain management in long-term care settings, including the perspectives of residents and close family members.

### Debra Gordon, MS, RN, CS

Ms. Gordon is a Senior Clinical Nurse Specialist at the University of Wisconsin Hospital and Clinics in Madison, WI. She is founder and Co-Chair of the hospital's

interdisciplinary Pain-Patient Care Team charged with developing and promoting improvements in pain management. In this capacity she has developed institutional standards and guidelines for the management of pain, organized educational programs for staff members and patients, and in collaboration with Dr. Ward monitored the impact of these efforts on pain management practices in the hospital. She is immediate past vice-chair of the American Pain Society's (APS) Quality of Care Committee, a contributing author to the APS Quality Improvement Guidelines and principal author of the Wisconsin Resource Manual.

### Karen Stevenson, MS, RN

Ms. Stevenson has been an oncology clinical nurse specialist for over a decade, with a primary focus in palliative care. In her work in hospice and outpatient radiotherapy settings, she was responsible for both direct patient care, as well as the development of palliative care approaches. She served as Outreach Program Manager of the WCPI from 1994 – 1998. She acted as a Palliative Care Consultant in private practice, and presented in multiple pain and palliative care education and institutionalization programs, including the WCPI Cancer Pain Role Model Program. She is co-author of the Wisconsin Resource Manual. Along with Kate Roberts, RN, she developed and piloted the pain management quality improvement program for the Home Health Program affiliated with the University of Wisconsin Hospital & Clinics, which was the template for the home health education portion of this program.

## Sandra Ward, PhD, RN

Dr. Ward is an Associate Professor at the University of Wisconsin-Madison School of Nursing. Her research focuses on pain management in persons with cancer. As part of this effort she has conducted a number of quality assurance and improvement studies documenting outcomes of pain management. These studies were based on American Pain Society recommendations; her results demonstrated the need for guideline revision, a task completed late in 1995. She and her colleagues have published one of the few longitudinal pain outcome studies. Unfortunately, their results demonstrated that undertreatment of pain remains a problem even in institutions committed to improving care for persons in pain. She is immediate past Chair of the Quality of Care Committee of the American Pain Society.

#### Mary Bennett, MFA

Mary Bennett is the Coordinator of the Resource Center of the American Alliance of Cancer Pain Initiatives and a programmatic consultant for the Initiatives. She has worked as a human services coordinator in a variety of settings, including work with battered women and work with Alzheimer's patients. She was a Fulbright Scholar in Nepal in the creative arts.

### Marty Skemp, BBA

Ms. Skemp has a background in Business Administration and is currently working on an MBA with a focus in Health Care Administration. She brings years of experience in various capacities in healthcare organizations. She will be responsible for the coordination

of the Post-Operative Pain Management Project.

# Jason Rasmussen, BA

Mr. Rasmussen brings a degree in English and 3 years of experience with the Wisconsin Cancer Pain Initiative to his role as Program Assistant, in which he acts as Communications Manager.

#### Sarah Wochos, BA

Ms. Wochos is an History graduate with various skills including, database development, budget tracking, and project organization. She is integral in assisting with aspects of the POP project as well as other project areas associated with this grant.

#### David E. Weissman, MD

Dr. Weissman, a medical oncologist and director of the MCW Palliative Medicine Program, is a nationally recognized expert in the field of pain and palliative care education. He has been director of physician education for the Wisconsin Cancer Pain Initiative since 1986, served as a member of the Expert Committee that developed the AHCPR Cancer Pain Guideline. Dr. Weissman is the founder and director of the WCPI Cancer Pain Role Model Program whose goals are to train health professional to be role models for cancer pain management. Since 1994 Dr. Weissman has been directing a series of programs aimed at improving the institutional culture of pain assessment and treatment in Wisconsin hospitals and long-term care facilities. The most current program is a highly successful effort to improve pain management services in 90 long-term care foundations throughout Eastern Wisconsin, and which is the model for the proposed quality assurance programs for long term care facilities.

#### Stephen R. Connor, PhD

Dr. Connor, a licensed clinical psychologist, is the Executive Director of Hospice of Central Kentucky and had a part time private practice in clinical psychology in Elizabethtown, Kentucky. He has been involved in organizing and managing hospice programs since 1975. He is the former chair of the National Hospice Organization's Standards & Accreditation Committee and currently chairs NHO's new Research Committee. He chaired the Medical Guidelines Task Force that developed the NHO Medical Guidelines for Determining Prognosis in Selected Non-Cancer Terminal Diseases. He worked for three years for JCAHO as a consultant hospice surveyor.

### Loriann De Martini, Pharm D

Dr. De Martini is a pharmaceutical consultant with the California Department of Health Services, Licensing and Certification. As a pharmaceutical consultant with the Department of Health Services, she evaluates the delivery of pharmaceutical services in all licensed health care facilities in accordance with the California Code of Regulations and the Federal Code of Regulations. She is a member of the California Department of Health Services academy, which trains all new health facilities surveyors. She participates in the development and review of California and federal regulations as well as contribution to HCFA manuals on appropriate drug therapy. Her experience covers a wide spectrum of pharmacy practice, including general acute care hospitals, community practice, health

maintenance organizations, skilled nursing facilities, psychiatric health facilities and drug and alcohol rehabilitation.

### Barbara Woodford, RN

Ms. Woodford is a nurse consultant with the Wisconsin Department of Health and Family Services, division of Supportive Living, Bureau of Quality Assurance, Provider Regulation and Quality Improvement Section. She brings a strong background in regulatory issues, the survey process, quality assurance and quality improvement activities. Ms. Woodford has been and continues to be an active participant in the development of home health and hospice licensure and certification regulations. In her present role with the Bureau of Quality Assurance, she serves as a nursing consultant to Bureau and Department staff as well as the home health and hospice industries. She has primary responsibility for training home health and hospice surveyors in state licensure and federal certification requirements, and the outcome oriented survey processes. For the past 3 years, Ms. Woodford has served as faculty for HFCA training programs in home health and hospice.

# Thomas H. Brown, RN, MS

Mr. Brown is currently the President of Home Health United. The agency is a not-for-profit corporation, sponsored by hospitals in Baraboo, Reedsburg and Sauk Prairie, WI and St. Mary's Hospital in Madison, WI. Home Health United provides nursing therapy, and home health aide, companion, and home making services. Home medical equipment, respiratory, and therapy services are provided directly. He earned his degrees in nursing administration from the University of Colorado with an emphasis in community health. He has previously held administrative positions in other hospitals and home health agencies in Nebraska, Texas and Wisconsin



JAAS TAAS

March 9, 2000

August P. Hackbart Administrative Officer Research & Sponsored Programs University of Wisconsin-Madison 750 University Avenue Madison, WI 53706

Reference: I.D. #032037 - Second Request for Explanation

Dear Mr. Hackbart:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

We have previously requested that you submit an explanation for the overexpenditure against the line item "Personnel Subtotal".

Please submit the above mentioned explanation to the attention of Joseph Wechselberger by March 22, 2000. If you have already submitted this material, please disregard this request. Your cooperation is appreciated.

Sincerely,

Janice A. Opalski

Director of Financial Monitoring

/MEB

cc: June L. Dahl, Ph.D. Rosemary Gibson

Office of the Vice President and Treasurer



January 14, 2000

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin-Madison Medical School
T300 University Avenue, Room 4715
Madison, WI 53706-1510

Reference: I.D. #032037 - Budget Revision and Extension Requests

Dear Dr. Dahl:

This is in reference to your Robert Wood Johnson Foundation grant in support of quality improvement and JCAHO standard setting for pain management in hospitals.

In reviewing your budget revision request faxed to the Foundation on October 7, 1999, for the period August 1, 1999, through July 31, 2000, we ask that you resubmit the request for the following reasons. We find that the proposed budget does not add to the sum of the original budget plus the adjustments. Further, an adjustment was indicated for Communications but the budget revision narrative did not address what this represents. We also need you to provide more information regarding the increase to the Meeting Costs--please be more specific.

Your request also contains an extension period (August 1, 2000, to July 31, 2001) with an extension budget. We cannot review the extension until we receive a letter explaining the purpose of the extension, what will be accomplished during that period, a work plan, and a revised extension budget and budget narrative.

The amount available for Year 3 and the extension year is \$747,681. Your revised requests for Year 3 and the extension period combined cannot exceed this total. Our Grant Budget Revision Guidelines are enclosed.

Office of the Vice President and Treasurer

Route 1 and College Road East Post Office Box 2316 Princeton, New Jersey 08543-2316 (609) 452-8701

If you have any questions, please contact Joseph P. Wechselberger at 609-243-5864 or by e-mail at jwechse@rwjf.org.

Sincerely,

Mona L. Hall Financial Analyst

/JPW Enclosure

cc: August P. Hackbart/ Rosemary Gibson OCT. -07' 99 (THU) 15:56 PHARMACOLOGY UW MDSN Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 297-91-373. PageID #: 39/15/16



# RECEIVED

OCT 8 1999

"ANCIAL MONITOR"

# **FAX MESSAGE**

To:

Mona Hall

Fax:

609-203-5844

452-9564

From

Jason Rasmussen

608-265-4014

Fax:

Re:

Grant #032037 Budget Revision Request - FYI

Here is the corrected revision request. Please call me at 265-9174 if you require further information. Keep in mind that Year 2 actual expenses are being calculated by another department within our University and will be forthcoming. I am aware that Mary Koscelniak has not yet completed these and I apologize. This Year 2 budget is based upon actual expenditures where they were known. The actually funds spent will be less in some areas. Thanks for your help and patience with this matter.

# LINE ITEM BUDGET AND BUDGET NARRATIVE REVISION REQUEST

for

# INSTITUTIONALIZING PAIN MANAGEMENT

A Robert Wood Johnson Foundation Grant to

Make Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

Submitted by

June L. Dahl, PhD
Professor of Pharmacology
Director of the Resource Center of the American Alliance of Cancer Pain Initiatives

The University of Wisconsin Medical School Madison, WI October 1, 1999

# TABLE OF CONTENTS

	PAGE
Line Item Budget - Project Year Two	3
Budget Narrative - Project Year Two	4
Line Item Budget - Project Year Three	7
Line Item Budget - Project Year Four	
Budget Narrative - Project Year Four	11
Biographical Sketches of Key Personnel	
Overview of Roles and Relationships of Key Personnel	15

# The Robert Wood Johnson Foundation Line Item Budget - Project Year Two

Grant Period: from August 1, 1897 to July 31, 2000 Budget Period: from August 1, 1998 to July 31, 1899

Name						
	Position	% Time	Арргого Алноца		I	Espanue Incurred (s deu
June Dahl Pat Berry	Project Director Project Coordinator	35%			g	
Liebra Gordon	Project Actocusts	80% 80%	- 1-,1	1,7,7	1,	\$1
Karan Scavenson	Project Associate	60%	\$9,759 \$27,456	g mmmm	1	S
Kata Robertu	Project Associate	0%	\$8,320	1		50
Sondra Ward	Project Associate	10%	\$7.50B			50
Sarah Wochoe	Program Assistant	100%	\$30	1	4,,[	38
iacon Rasmusson	Program Assistant	100%	\$24.877	1 -1	# ·/7 · [	\$60
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Tulephone  Postage  Service Agreements  Communications			\$2,085 \$4,451 \$3,265 \$1,750	\$2,749 \$0 \$0 \$0	\$4,834 \$4 451 \$3,265 \$1,750 \$37,061	\$4,934 \$2,964 \$3,131 \$300
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Fulphone  Postage  Service Agreements  Communications  Communi			\$2.085 \$4,451 \$3.265 \$1,750 \$240 \$555 \$750	\$2,749 \$0 60 \$0 \$0 \$0 \$0	\$4.834 \$4.451 \$3,265 \$1,750 \$37,061 \$558 \$750	\$4,834 \$2,964 \$3,131 \$300 \$0 \$0 \$760
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\$84,804

6461,230

\$378,168

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# Budget Narretivs - Project Year Two

Grant Pariod: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1998 to 7/31/1999)

#### I. PERSONNEL

There are requested changes in personnel expanditures for Year 2. Ms. Roberts worked less than originally anticipated and Ms. Stevenson worked more, as Ms. Stevenson assisted in conducting site visits for the home health project. An additional Program Assistant was hired during Year 2 in order to assist with publicity efforts related to the JCAHO Standards and with revision of the Resource Manual on the institutionalization of pain management. A spending increase of \$18,936 is requested in the Personnel budget.

Title	Salary	Enimana Data	
Project Director		<u> Fringe Rate</u>	<u>Fringes</u>
	\$34,702	33,0%	\$11,278
Project Coordinator	\$40,76B	33.0%	\$13,250
Project Associate			
	\$ 12,755	33.0%	\$ 4,145
Project Associate	\$29,257	33.0%	\$ 9,509
Project Associate	\$ 2,080		
Research Consultant		33,0%	\$ 676
	\$ 7,508	33,0%	\$ 2,440
Program Assistant	\$26,714	33,0%	-
Program Assistant			\$ 8,682
	\$29,600	3 <b>3</b> .0%	\$ 9.620
Program Assistant	\$4,541	33.0%	
Student Assistant			\$1,476
2013 POI 10	\$22,714	3.0%	\$ 681
	7	Total Fringes	\$61,757

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

# II. OTHER DIRECT COSTS

# Office Operations:

Printing - An increase of \$2,749 is requested for this line item to cover printing costs which were greater than originally anticipated. The higher costs included printing related to the successful Standards changes, business cards for use in promoting the overall project, materials for the PRO and home health projects, and materials used to promote the Standards project at national meetings.

# **Meeting Costs:**

A decrease of expenditures of \$109,704 is requested in this category. The requested meeting cost budget is \$3,874. In this year, the final two half-day conferences for the Wisconsin home care project were held. The cost per half-day conference was \$3,093, for a total of \$6,136. These half-day conferences were conducted by project staff and two guest faculty; honoraria for those faculty were \$500 per conference for a total of \$2,000.

Four regional meetings were originally scheduled to be held in year 2, at a total cost of \$107,352. These meetings were part of the PRO project and have been restructured and delayed until Year 3.

# Project Staff Travel:

University of Wisconsin-Madison travel regulations and per diems were used to calculate travel costs. \$7,080 was spent on travel in Year 2. Although staff travel to national meetings cost more than originally anticipated, much of the travel related to the PRO project did not occur. A decrease in expenditures of \$15,397 is requested.

JCAHO Standards Project - A total of \$1,404 was requested for three trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip, at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals, estimated at \$25/day totaling \$150. The actual cost of these trips was \$802.

Home Care Quality Assurance Programs - A total of \$1,473 was requested for mileage for the follow-up and evaluation site visits to the 100 home care agencies participating in the project. Estimates were based on the same formulas used in Year 1. The actual mileage expenditure was \$865.

Faculty travel to Regional Training Programs - A total of \$17,000 was requested to cover the faculty travel costs for the four regional quality improvement training programs that will be held this year. This program did not occur and we request to delay these expenditures until a subsequent grant year.

National Meetings - The total budget requested was \$3,600 to support costs of travel, lodging and meals for three project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives. Due to the success of this project and unanticipated interest in the changes in the Standards, more staff attended these meetings and costs were greater than anticipated. \$4,811 was the actual cost of this travel.

### III. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a revised total of \$30,983.

#### IV. EQUIPMENT

None requested for this year.

# V. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### Contracts

Research Associate - The budget of \$64,106 reflects a 4% salary increase with a 28% fringe benefit rate.

#### Consultants:

#### Joigen Rischar, RN

Ms. Rischer did not continue with the functions of Year 1, as the direction of our project shifted.

# David Weissman, MD

Dr. Weissman was not utilized this year. We request that the \$5000 originally allocated to his services be reallocated to a subsequent year.

# Stephen R. Connor, PhD

Dr. Connor spent one day as a consultant at \$300 per day for a total of \$300.

# Loriann De Martini, Pharm D - unpaid consultant

Dr. DeMartini continued to act as an unpaid consultant for the JCAHO standards project.

# Barbara Woodford, RN - unpaid consultant

Ms. Woodford continued to act as an unpaid consultant for the home care project.

# Thomas H. Brown, RN, MSN

Mr. Brown spent one day as a consultant at \$300 per day for a total of \$300.

# Reviewers for JCAHO Standards for long term care

Each of the reviewers spant one day as a consultant at \$300 per day, for a total of \$1500.

# Site visitor for the home care project [Mary Gerber]

The site visitor spent a total of 20 days making site visits. At \$300 per day, total for the year was \$6,000.

# The Robert Wood Johnson Foundation Line Item Budget - Project Year Three

Grent Period: from August 1, 1997 to July 31, 2000 Budget Period: form August 1, 1999 to July 31, 2000

I. Personnel	1					
Name	Position	% Time	Approved Amount	Aerisian Aegus		Expenses Incurred (to date)
June Dahi	Project Director	20%	\$36,060	-\$16,467	\$20,623	
Pac Berry	Project Coordinator	B0%	\$42,398	\$2,277	,,	\$0 \$0
Dabra Gordon	Project Associate	30%	\$10,150	66,050	\$16,199	<b>B</b> O
Karen Govenson	Project Associate	70%	€28,554	\$8,549	,	•
Mary Bennett	Project Assopiese	20%	\$8,653	\$1,310		\$0
Sandra Ward	Project Associate	5%	\$7,808	\$3,904	4-,	80
Jason Retmussen	Program Accistant	100%	\$25,872	63,513	4-11	\$0 \$0
Marty Skamp	Program Assistant	100%	\$25,872	<b>\$6,629</b>	\$32,500	<b>⊕</b> 0
Sarah Wochoo	Program Assistant	100%	\$0	\$27,248	\$27,248	\$0
HA	Student Hourly (2)	100%	\$15,749	\$891	\$16.840	\$0
Fringe Benefis		l	\$82,698	\$11.314	\$72,868	40
34ptotal			\$263,834	<b>6</b> 46,408	\$308,208	<b>\$</b> 0

II. Other Direct quals					
Office Operations					,
Supplies	<b>\$4.41</b> 0	<u> </u>	\$4,410	-	<b></b>
Princing	\$1,746				
Telephone	\$3,376				08 22
Postage	\$3,265				50
Service Agreements	\$1,750				(80
Communications	\$240			<u> </u>	\$0 <b>\$38,</b> 821
Sofounis	8450		A		\$0
Equipment less than 65000	\$500				<del>\$0</del>
Mosting Costs	<b>\$80</b> ,514	<b>8</b> 57,324	\$128,598		- to
Trivel	\$17,764			22,716	£0
Gultioral	\$114,008				\$38,821
III. Indirect Costs 9%	\$24,006	<b>\$</b> 12,888	\$48,804	ļ	80
V. Equipmens	\$60	80	50	<b></b>	80
V. Consultant/ Contractual Agreements	\$92,868	<b>\$</b> 2,912	I	l	50
िक्रम	<b>\$</b> 504,516	6153,481	6857,692	<b>\$36</b> ,821	

Budget Narrative - Project Year Three

Grant Period: [from 8/1/1997 to 7/31/2000] Budget Period: [from 8/1/1999 to 7/31/2000]

#### I. PERSONNEL

There are changes in personnel for Year 3. Ms. Roberts will not participate in Year 3 and is replaced by Ms. Mary Bennett, who will make national site visits to assist state cancer pain initiatives to become effective resources for supporting the implementation of the revised JCAHO Standards. Ms. Bennett will also assist Ms. Stavenson to prepare for implementing the home health pilot project at the national level. Ms. Gordon and Ms. Stavenson will each increase their efforts 10% in order to revise the Resource Manual on the institutionalization of pain management. An additional Program Assistant will assist in the publicity and implementation support relating to the JCAHO Standards revisions, the update of our institutionalization manual, and the implementation of the PRO project.

Title	Salary	Fringe	Fringes
Project Director Project Coordinator Project Associate Project Associate Project Associate Project Associate Research Consultant Program Assistant Program Assistant Program Assistant Student Assistant	\$20,623 \$44,676 \$16,199 \$35,103 \$9,962 \$3,904 \$29,385 \$32,500 \$27,248 \$33,280	Rata 33.00% 33.00% 33.00% 33.00% 33.00% 33.00% 33.00% 33.00%	\$6,806 \$14,743 \$5,346 \$11,584 \$3,288 \$1,288 \$9,697 \$10,725 \$8,992 \$499
	Total Fringes		\$72,968

FRINGE BENEFITS - Fringe banefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

# II. OTHER DIRECT COSTS

#### Meeting Costs:

The original requested meeting budget was \$80,514. We request an additional \$57,324 to due to the movement of activities from Year 1 and Year 2 to Year 3.

# Project Staff Travel:

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$ 22,716 is requested.

JCAHO Standards Project - A total of \$1,404 is requested for three trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip, at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals, estimated at \$25/day totaling \$150.

Faculty travel to Regional Training Programs - A total of \$12,750 is requested to cover the faculty travel costs for the three regional quality improvement training programs that will be held this year.

Initiative Coordinator Site Visits - A budget of \$14,660 is requested to allow the Initiative Coordinator to make 15 site visits to Initiatives to prepare them to be effective networks to support the implementation of the JCAHO Standards. During these visits, the Coordinator will assist the Initiatives with problem solving, organizational development and strategic planning. For each visit, \$700 is allowed for airfare, \$200 for hotel, \$20 for ground transportation and \$64 for food.

National Meetings - The total budget requested is \$7,200 to support costs of travel, lodging and meals for six project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives.

# III. INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$46,894,

### IV. EQUIPMENT

None requested for this year.

# IV. CONSULTANTS/CONTRACTUAL AGREEMENTS

Contracts

Research Associate at JCAHO-The budget of \$66,577 reflects a 4% increase over Year 2. In Year 3, JCAHO will use these funds to implement educational programs promoting the Standards changes.

#### Consultants:

Joleen Rischer RN

Ms. Rischer will not serve on this project in Year 3. We request that the monies originally allocated to this line item be reallocated to other project expenses.

# David Weissman, MD

Dr. Weissman will not serve on this project in Year 3. We request that the monies originally allocated to this line item be reallocated to other project expenses.

# The Robert Wood Johnson Foundation Line Item Budget - Project Year Four

Grant Period: from August 1, 1997 to July 31, 2001 Budget Period: form August 1, 2000 to July 31, 2001

I. Personnel	inder Laudi ibu	in Statement and a state of the		~4000000000000000000000000000000000000		
i. celadujei						***************************************
Neme	Poelsion	% Time	Approve Ameur			
Pst Berry	Fraject Coordinetar	40%	\$1	\$32,90	\$32,80	l
Debra Gordon	Project Associate	10%	<b>3</b> 10	\$5,276	<b>65,27</b> E	
Fringe Benefits	-	,,,,,	4654	\$12,60x		
Gubtotal			\$C			ł
II. Other Direct costs						
Office Operations		1			**************************************	
Supplies			\$0	5.0	SC SC	
Printing			\$0	\$50	60	
Telephone			\$0	<b></b> `		
Pastage			\$0			
Service Agreements			<b>\$</b> C	I		\$1
Communications			\$0		1	
Software			60	\$50		
quipment less then \$6000			60	\$0	80	- 80
Meeting Coets			\$0	\$50,800	\$50,800	80
ravel			<b>\$</b>		\$50	80
ulratel			80	<b>\$</b> 63,871	\$53,671	80
II. Indirect Costs						
		9%	\$0	<b>\$9</b> ,143	\$8,143	60
/. Equipment			\$0	\$50	<b>\$</b> 0	\$0
. Consultant/ Contractual Agree	anna ann ann ann a		\$0	50	60	<b>\$</b> 0
		\$	õ	\$110,725	<b>5</b> 110,728	<b>5</b> 0

# Budget Narrative - Project Year Four

Grant Pariod: (from 8/1/1997 to 7/31/2001) Budget Period: [from 8/1/1899 to 7/31/2001]

#### L PERSONNEL

We propose extending the salaries of personnel associated with the PRO project to allow for the conducting of the second conference series, as well as project analysis. We also propose extending the salary of the Project Coordinator to allow her to continue to assist in the implementation of the JCAHO Standards.

<u>Title</u>	Salary	Fringe	<u>Fringes</u>
Project Coordinator Project Associate	\$32,905 \$5,278 Total		\$10,858.65 \$1,741.80 \$12.600

FRINGE BENEFITS - Fringe banefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

#### 11. OTHER DIRECT COSTS

### Meeting Costs:

The requested meeting budget is \$53,671 for the second year conferences related to the PRO Project.

#### INDIRECT COSTS 111_

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of

#### IV. EQUIPMENT

None requested for this year.

#### CONSULTANTS/CONTRACTUAL AGREEMENTS V.

None requested for this year.

# Biographical Sketches of Key Personnel

June L. Dahl, PhD

Dr. Dahl is a Professor of Pharmacology at the University of Wisconsin Medical School. Sha received the PhD in physical chemistry and conducted basic neuroscience research for several years. More recently her attention has focused on educational and advocacy efforts in the field of pain management. Sha is co-founder and Chair of the Wisconsin Cancer Pain Initiative, which is a World Health Organization demonstration project. She is Co-Director of the WCPI Role Model Program and Director of The Resource Center for State Cancer Pain Initiatives which was developed with funds provided by the Robert Wood Johnson Foundation. She serves on the Pain-Patient Care Team of the University of Wisconsin Hospital & Clinics. She has served as faculty for many quality improvement programs. She has been involved in the development of the Wisconsin Cancer Pain Initiative's educational materials for health care professionals, patients and families, is co-author of the Handbook of Cancer Pain Management and the Wisconsin Resource Manual for Improvement which will serve as the basis for the quality improvement programs with clinicians and administrators from various care settings. She has also been involved in the education of medical board members. Because she chaired Wisconsin's drug regulatory authority, the Controlled Substances Board, for ten years, she also brings an understanding of the impact of regulations on prescribing practices of clinicians. She serves on the Board of Directors of the American Pain Society (APS) and serves on the APS Regulatory Affair Quality of Care Committees.

# Patricia Berry, PhD. RN, CRNH, CS

Dr. Berry brings 20 years of experience in hospice and palliative care, and is a certified hospice and geriatric nurse practitioner. She also has extensive experience in undergraduate, graduate, and continuing education. She served as a hospice accreditation surveyor for the Joint Commission on the Accreditation of Healthcare Organizations for five years, co-authored the Hospice Nursing Standards of Practice and Professional Performance published by the Hospica Nurses Association, and oversaw the completion of and contributed to the Nursing Competencies published by the Wisconsin Cancer Pain Initiative. Her publications include barriers to pain management in hospice; handling, carrying, and disposing of controlled medications; care-giver and patient concerns about analgesics; and the importance of documenting care in specialty practices. She has lectured nationally on pain management, standards of nursing practice, regulations that impact hospice nursing practice, and safety issues in home care and hospice practice. She serves as faculty for the hospice nursing certification review course of the Hospice Nurses Association and has served as faculty for the model long-term care programs held in southeastern Wisconsin. For her doctoral dissertation, she examined cancer pain management in long-term care settings, including the perspectives of residents and close family members.

# Debra Gordon, MS, RN, CS

Ms. Gordon is a Senior Clinical Nurse Specialist at the University of Wisconsin Hospital and Clinics in Madison, Wl. She is founder and Co-Chair of the hospital's interdisciplinary Pain-Patient Care Team charged with developing and promoting improvements in pain management. In this capacity she has developed institutional standards and guidelines for the management of pain, organized educational programs for staff members and patients, and in collaboration with Dr. Ward monitored the impact of these efforts on pain management practices in the hospital.

She is vice-chair of the American Pain Society's (APS) Quality of Care Committee, a contributing author to the APS Quality Improvement Guidelines and principal author of the Wisconsin Resource Manual.

# Karen Stevenson, MS, RN

Ms. Stevenson has been an oncology clinical nurse specialist for over a decade, with a primary focus in palliative care. In her work in hospice and outpatient radiotherapy settings, she was responsible for both direct patient care, as well as the development of palliative care approaches. She has been the Outreach Program Menager of the WCPI since 1994. She has acted as a Palliative Care Consultant in private practice, and presented in multiple pain and palliative care aducation and institutionalization programs, including the WCPI Cancer Pain Role Model Program. She is co-author of the Wisconsin Resource Manual. Along with Kate Roberts, RN, she developed and piloted the pain management quality improvement program for the Home Health Program affiliated with the University of Wisconsin Hospital & Clinics which will be used as a template for the home health education portion of this program.

#### Sandra Ward, PhD, RN

Dr. Ward is an Associate Professor at the University of Wisconsin-Madison School of Nursing. Her research focuses on pain management in persons with cancer. As part of this effort she has conducted a number of quality assurance and improvement studies documenting outcomes of pain management. These studies were based on American Pain Society recommendations; her results demonstrated the need for guideline revision, a task which was completed late in 1995. She and her colleagues have published one of the few longitudinal pain outcome studies. Unfortunately, their results demonstrated that undertreatment of pain remains a problem even in institutions committed to improving care for persons in pain. She is Chair of the Quality of Care Committee of the American Pain Society.

# Mary Bennett, MFA

Mary Bennett is the Coordinator of the Resource Center of the American Alliance of Cancer Pain Initiatives and a programmatic consultant for the Initiatives. She has worked as a human services coordinator in a variety of settings, including work with battered women and work with Alzheimer's patients. She was a Fulbright Scholar in Nepal in the creative arts. In addition to her half-time position with the Resource Center, she is currently pursuing an MSSW to prepare her for work with the terminally ill and the elderly.

# David E. Weissman, MD

Dr. Weissman, a medical oncologist and director of the MCW Palliative Medicine Program, is a nationally recognized expert in the field of pain and palliative care education. He has been director of physician education for the Wisconsin Cancer Pain Initiative since 1986, served as a member of the Expert Committee which developed the AHCPR Cancer Pain Guideline. Dr. Weissman is the founder and director of the WCPI Cancer Pain Role Model Program whose goals are to train health professional to be role models for cancer pain management. Since 1994 Dr. Weissman has been directing a series of programs aimed at improving the institutional culture of pain assessment and treatment in Wisconsin hospitals and long-term care facilities. The most current program is a highly successful effort to improve pain management

services in 90 long-term care foundations throughout Eastern Wisconsin, and which is the model for the proposed quality assurance programs for long term care facilities.

### Stephen R. Connor, PhD

Or. Connor, a licensed clinical psychologist, is the Executive Director of Hospice of Central Kentucky and has a part time private practice in clinical psychology in Elizabethtown, Kentucky. He has been involved in organizing and managing hospice programs since 1975. He is the former chair of the National Hospice Organization's Standards & Accreditation Committee and currently chairs NHO's new Research Committee. He also chairs the Medical Guidelines Task Force that has developed the NHO Medical Guidelines for Determining Prognosis in Selected Non-Cencer Terminal Diseases. He worked for three years for JCAHO as a consultant hospice surveyor.

# Loriann De Martini, Pharm D

Dr. De Martini is a pharmaceutical consultant with the California Department of Health Services, Licensing and Certification. As a pharmaceutical consultant with the Department of Health Services, she evaluates the delivery of pharmaceutical services in all licensed health care facilities in accordance with the California Code of Regulations and the Federal Code of Regulations. She is a member of the California Department of Health Services academy which trains all new health facilities surveyors. She participates in the development and review of California and federal regulations as well as contribution to HCFA manuals on appropriate drug therapy. Her experience covers a wide spectrum of pharmacy practice, including general acute care hospitals, community practice, health maintenance organizations, skilled nursing facilities, psychiatric health facilities and drug and alcohol rehabilitation.

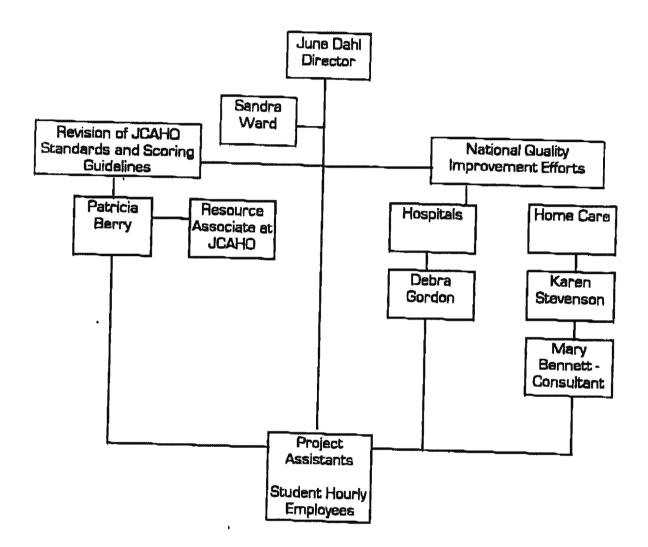
## Barbara Woodford, RN

Ms. Woodford is a nurse consultant with the Wisconsin Department of Health and Family Services, division of Supportive Living, Bureau of Quality Assurance, Provider Regulation and Quality Improvement Section. She brings a strong background in regulatory issues, the survey process, quality assurance and quality improvement activities. Ms. Woodford has been and continues to be an active participant in the davelopment of home health and hospice licensure and certification regulations. In her present role with the Bureau of Quality Assurance, she serves as a nursing consultant to Bureau and Department staff as well as the home health and hospice industries. She has primary responsibility for training home health and hospice surveyors in state licensure and federal certification requirements, and the outcome oriented survey processes. For the past 3 years, Ms. Woodford has served as faculty for HFCA training programs in home health and hospice.

# Thomas H. Brown, RN, MS

Mr. Brown is currently the President of Home Health United. The agency is a not-for-profit corporation, sponsored by hospitals in Baraboo, Reedsburg and Sauk Prairie, WI and St. Mary's Hospital in Madison, WI. Home Health United provides nursing therapy, and home health aide, companion, and home making services. Home medical equipment, respiratory, and therapy services are provided directly. He earned his degrees in nursing administration from the University of Colorado with an emphasis in community health. He has previously held administrative positions in other hospitals and home health agencies in Nebraska, Texas and Wisconsin

# Overview of Roles and Relationships of Key Personnel



# The Robert Wood Johnson Foundation Line Item Budget - Project Year One

Grant Period. from August 1, 1997 to July 31, 2000 Budget Period, form August 1, 1997 to July 31, 1998

#### I. PERSONNEL

Nam:	e <u>Position</u>	<u>Base</u> Salary	% Time	Total	RWJF Support	Other support
June Dahl	Project Director	\$95,336	35%	\$33,368	\$33,368	Santani
Patricia Berry	Project Coordinator	\$49,000	80%	\$39,200	\$39,200	
Debra Gordon	Project Associate	\$46,920	30%	\$14,076	\$14,076	
Karen Stevenson	Project Associate	\$44.000	70%	\$30,800	\$30.800	
Kate Roberts	Project Associate	\$40,000	20%	\$8,000	\$8,000	
Sandra Ward	Research Consultant	\$72,192	10%	\$7,219	\$7.219	
TBA	Program Assistant*	\$23,920	100%	\$23,920	\$23,920	
TBA	Program Assistant*	\$23,920	100%	\$23,920	\$23.920	
TBA	Student Assistant**	\$14.560	100%	\$14,560	\$14,560	
Fringe Benefits (33	3.0%, *35 0%, *13 0%)			\$60.960	\$60,960	
SUBTOTAL				\$256,022	\$256,022 A	
II. OTHER DIRECT C	OSTS					
Office Operations						
Supplies				\$4,000	\$4.000	
Printing				\$1.830	\$1,830	
Telephone				\$4,435	\$4,435	
Postage				\$3,059	\$3,059	
Service Ag	rcements			\$2,250	\$2,250	
Communications				\$1,240	\$1,240	
Software				\$1,446	\$1,446	
Equipment less th	an \$5000			\$17.520	\$17,520	
Meeting Costs				\$43,960	\$43.960	
Travel				\$15,353	\$15,353	
Subtotal				\$95,094	\$95,09 <del>3</del>	
III. Indirect Costs (9%)	•			\$31,600	\$31,600 7	
IV. Equipment				\$5,000	\$2,500	\$2,500
V. Consultant/ Contrac	tual Agreements			\$166,044	\$166,044	
TOTAL				\$553,760	\$551,260	\$2,500
					7-9-97	ı

## **Budget Narrative - Project Year One**

Grant Period: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1997 to 7/31/1998)

#### I. PERSONNEL

An overview of the relationship of key personnel to the various components of the proposal and to one another is presented in Figure 1. Biographical sketches of key personnel begin on page 21.

Project Director, June L. Dahl, PhD, 35%

Dr. Dahl will serve as the project director and will oversee the design and implementation of the major components of the project, review all drafts of the revised JCAHO standards as well as the educational materials to be used in the quality improvement programs. She will also serve as faculty for the conferences planned for administrators and clinicians from hospitals and home care agencies and will work closely with Dr. Sandra Ward to design appropriate tools for assessment of the impact of quality improvement programs on practice patterns in the various clinical settings. She will serve as the communication link with the network of state cancer pain initiative participants who will be recruited for participation in various aspects of the project. She will also be responsible for regular communications with various interested professional groups such as the American Hospital Association, the American Association of Nurse Executives, the National Association for Home Care, the American Association for Services in Homes for the Aged, and the American Health Care Association.

# Project Coordinator, Patricia Berry, PhD, RN, CRNH, CS, 80% FTE

Dr. Berry will oversee the JCAHO Standards Project in collaboration with a Research Associate who will be affiliated with the Standards Department of JCAHO. She will develop JCAHO standard language, intent statements, scoring guidelines and survey process questions to address pain management. A detailed description of the process to be used is provided on page 6 of the Proposal Narrative. She will also submit draft standards and accompanying materials to JCAHO and participate in the JCAHO internal standards review process as appropriate. Exact details of these efforts will be finalized during meetings with the Standards Department of JCAHO. Dr. Berry will also assist with the development and implementation of programs for hospitals and home care agencies as needed.

#### Project Associate, Debra Gordon, MS, RN, CS, 30% FTE

Ms. Gordon will serve as Project Manager of the quality improvement programs for hospitals which will be conducted in collaboration with the state Peer Review Organizations. She will develop, coordinate and evaluate the multi-state PRO-Narrative Project Document, which will include proposals for a data collection tool for outcome monitoring, curricula for quality improvement seminars as well as proposals for analyzing and reporting outcome data. She will work closely with other project staff in refining and modifying, based on evaluation data, the educational conferences for hospitals. Ms. Gordon will also serve as plenary and small group/breakout faculty for the regional hospital conferences, and provide ongoing individual assistance to participants as needed. During this first year of the project

she will have the additional responsibility of coordinating the development of the series of pain education videos. Finally, she will assist in revision of the JCAHO standards as a reviewer of drafts and as an advisor to the process.

#### Project Associate, Karen Stevenson, MS, RN, 70% FTE

Ms. Stevenson will dedicate half of her time to the development and implementation of quality improvement programs for home care agencies, with the eventual responsibility for integrating the home care content into the regional training programs. She will be responsible for recruitment of participants, assist with site visits, and serve as faculty for the home care conferences. The other portion of her time will be spent supporting other aspects of the project, including the review of all drafts of the revised JCAHO standards, assisting with presentation of the proposed revision to JCAHO. She will be responsible for supervision of one of the project assistants, and coordinate the resources of the WCPI and The Resource Center for State Cancer Pain Initiatives, specifically ensuring that written materials and information networks are maintained and available. Ms. Stevenson will also act as faculty for the conferences organized though the Peer Review Organizations and work with Ms. Gordon in the development of the series of pain education videos.

#### Project Associate, Kate Roberts, BSN, RN, 20% FTE

Ms. Roberts will act as site visitor to recruit and later evaluate home care agencies for the quality improvement programs for home care agencies. She will assist Ms. Stevenson with the development of the educational materials for the Wisconsin and regional programs, and will act as faculty for both the Wisconsin and regional conferences for home care administrators and clinicians.

#### Research Consultant, Sandra Ward, PhD, RN, 10% FTE

Dr. Ward will provide regular consultation in research and statistical analysis for all portions of this project. In particular, she will assist with design of quality assurance and improvement studies so as to document the impact of the quality improvement programs which are key elements of this proposal. As Chair of the Quality of Care Committee of the American Pain Society, she will coordinate review of revised JCAHO standards by members of the Quality of Care Committee.

#### Program Assistant, TBA, 100% FTE

The program assistant will oversee the day-to day office activities required to develop project materials and maintain the communications networks associated with the various aspects of this proposal. These activities include, but are not limited, to the development, maintenance and distribution of project materials, arranging conference calls, coordinating arrangements for educational workshops, triaging messages, responding to requests for information and assistance from participants in the state and regional programs, data entry, and delegating tasks to and supervising the student hourly employee.

#### Program Assistant, TBA, 100% FTE.

The program assistant will work directly with the project director to facilitate communications with other project personnel, assist with the day-to-day conduct of the office, prepare correspondence related to conduct of the proposal's objectives, conduct regular literature reviews of pain management and quality assurance issues,

maintain personal files, and facilitate the development of materials for the educational missions of this project.

# Student Hourly, TBA, 100% FTE

The student hourly will be responsible for word processing, maintenance of data bases, duplication of materials, preparation of materials for mailing, and any other routine office tasks necessary for the completion of the projects.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

<u>Title</u>	Salary	Fringe Rate	Fringes
Project Director	\$33,368	33.0%	\$11,011
Project Coordinator	\$39,200	33.0%	\$12,936
Project Associate	\$ 9,384	33.0%	\$ 3,097
Project Associate	\$26,400	33.0%	\$ 8,712
Project Associate	\$ 8,000	33 0%	\$ 2,640
Research Consultant	\$ 7.219	33.0%	\$ 2,382
Program Assistant	\$23,920	35.0%	\$ 8,372
Program Assistant	\$23,920	35.0%	\$ 8,372
Student Assistant	\$14,560	3.0%	\$ 437
		Total Fringes	\$60,960

### II. OTHER DIRECT COSTS

#### Office Operations:

Supplies - The requested supply budget is \$4,000. The supplies requested include paper, pens, pencils, tape, diskettes, file folders, meeting folders, labels, bubble envelopes, and other shipping supplies.

Printing - The requested printing budget is \$1,830. We estimated the cost of duplicating materials for the one-day home care workshop materials at \$1.75 each (150 packets), and for half-day workshops \$1.00 each (150 packets). Also included in our estimate is the cost of printing copies of draft standards and related materials to be sent to reviewers, business cards for project staff, and stationery. We estimated the cost of duplicating materials for the first regional program to be \$189 (\$3 each for a total of 63 participants).

Telephone - The requested telephone budget is \$4,435. This includes the cost of installing two new telephone lines for project personnel (\$85.20), one for the program assistant and the other for the project coordinator, rental and usage charges for those and already existing phone and fax lines. Yearly line rental for the two additional lines, plus existing lines totals \$810. Line usage for each line per month is estimated at \$20 per month or \$240 per year for a total of \$1,200. Finally, we are requesting voice mail boxes on four of the lines. We anticipate program staff will be out of the

office and unavailable some of the time; voice mail will decrease the demands on office staff time. The monthly charge for voice mail is \$8 or \$96 per year, for a total of \$384. In addition, we have budgeted \$1,956 for conference calls to enable members of the APS Quality of Care Committee and other consultants to discuss proposed revisions in the JCAHO standards and to coordinate the development of the quality assurance programs.

Postage - The total postage budget is \$3.059. This will pay for the mailing of routine correspondence, invitation letters to home care agencies, follow-up and reminder letters to participating program participants, correspondence with state peer review organizations, and drafts of the JCAHO standards for review (two review cycles to approximately 30 persons). Every attempt will be made to conserve postage by attaching documents to e-mail and using bulk mailing, whenever appropriate.

Service agreements - The requested service agreement budget is \$2,250. This includes \$250 for a copier service agreement, and \$2,000 for computer technical support for PC/Mac network software installation (10 hours), computer maintenance, including hardware and software installation, and trouble-shooting (two and one-half hours per month at \$50 per hour for a total of \$2,000).

#### Communications

The requested communications budget is \$1,240. This includes support for the Wisconsin Cancer Pain Initiative's web site (\$20 per month for a total of \$240) plus \$1,000 for production of poster displays to be shown at national meetings.

#### Software:

The requested software budget is \$1,446. Integrated software upgrades in the amount of \$594 will enable us to produce all of the project's publications, slides, brochures, and other materials without outside assistance and additional cost. We are also requesting two copies of a fax software puckage (\$80 each for a total of \$160) that will enable us to send group-merge fax transmissions. This capability would be especially important to the components of the proposal related to JCAHO standards revisions and interactions with the state peer review organizations.

#### Equipment Less Than \$5,000

The requested equipment budget for items less than \$5,000 each is \$17,520. This includes

- \$1,200 for a new fax machine. Much of our communication will be done by fax: messages from consultants, reviewers, and others involved in the project.
- \$4,220 for a copy machine to duplicate reports for the Foundation, workshop
  materials, drafts of standards, routine correspondence, materials for home care
  agency self assessment, site evaluations, and other resource materials. (Please note
  that in our initial budget, we had planned for a copier lease. However, we have
  since discovered that purchase will result in ~\$1,000 savings over the course of
  the grant.)
- \$4.700 for a color laser printer to be used for printing brochures, conference, and presentation materials as well as for more routine printing. The color functionality

- will allow us to publish our own presentation materials, and will decrease the need for contracting with an outside vendor.
- \$500 for RAM upgrades of four computers currently in use and \$300 for a tape unit to routinely back up the project's data files.
- \$2,500 for a portable notebook computer to enable Power Point presentations via
  the projection unit described in IV Equipment on page 10. There will be at least 14
  conference presentations in this grant, and the visibility of this grant will likely
  engender requests for many more. The portable notebook will also allow project
  staff to continue e-mail communication and access to project files outside of the
  office.
- \$4,000 for one IBM compatible and one Macintosh computer for use by the two program assistants.

#### Meeting Costs:

The requested meeting budget is \$43,960. The University of Wisconsin-Madison School of Nursing Extension will manage all in-state conferences. We project a total of four meetings for home care agencies, two one-day and two half-day meetings. The cost per one-day conference for 75 attendees, including registration, assembling of materials, continuing education accreditation, meals, refreshments, room rental, and audiovisual equipment rental is estimated at \$4,418, for a total of \$8,836. The cost per half-day conference is \$3,093, for a total of \$6,186. Meeting costs for the half day conference are more than half those of the full day conference cost because Extension's charges for coordination, registration, audio-visual rental, and meeting planner travel are the same for full or half day. In addition, there is a charge for room rental when the host facility does not serve lunch. The Wisconsin Resource Manual will serve as the course book for all of the programs, 60 copies costing \$35 each for a total of \$2,100.

University of Wisconsin meeting planners have given us an estimated cost of \$100 per person per day for the regional meetings. This includes registration, assembling of materials, continuing education accreditation, meals, refreshments, room rental, and audiovisual equipment rental. We propose to hold eight regional meetings to train approximately 500 persons (10 per state) over the three years of the project. This averages to ~ 63 persons per meeting. The first regional meeting will be conducted at the end of the first year. Each attendee will also be given a Wisconsin Resource Manual which costs \$35 for a total cost of \$2,205. Funds are also requested to cover travel expenses for participants, a total of \$18,333. We assumed three categories of travel expenses and estimated that one-third of the participants would fall into each category. Category 1: participants travel 150 miles or less and need no overnight accommodations (mileage costs are \$93); Category 2: participants travel 150-250 miles (mileage plus one overnight stay is budgeted at \$280); Category 3: participants travel more than 250 miles (plane fare plus one overnight stay is budgeted at \$500).

### Project Staff Travel:

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$15,353 is requested.

JCAHO Standards Project - A total of \$936 is requested for two trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip. at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals. estimated at \$25/day totaling \$150.

Home Care Quality Assurance Programs - A total of \$1,767 is requested for site visits by project staff to 30 home care agencies in each of the two target areas (south central and northwest Wisconsin). To estimate total mileage, the longest round trip mileage was divided by two and equated with the average trip length. For the south central Wisconsin area: 120 miles is the longest round trip mileage: 60 miles at \$.31/mile x 30 agency visits, for a total mileage cost of \$558. For the northwest Wisconsin area: 260 miles is the longest round trip mileage; 130 miles x \$.31/mile x 30 agency visits for a total mileage cost of \$1,209.)

Hospital Quality Assurance Program Planning - A total of \$4.800 is requested to support two site visits by two project staff which would cover airfare, lodging for one night and meals.

Faculty travel to Regional Training Program - A total of \$4,250 is requested for travel for five faculty. This figure is based on an estimate of \$850 to cover airfare, ground transportation, meals, and two nights lodging for each faculty member for each meeting.

National Meetings - The total budget requested is \$3,600 to support costs of travel, lodging and meals for three project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives.

### III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$30.655.

#### IV. EQUIPMENT

The requested equipment budget is \$2500. We propose the purchase of a computer projector unit to use with the notebook computer for presentations at meetings. Because the projector will be used for allied projects, we propose using Wisconsin Cancer Pain Initiative funds to make up the difference in the estimated \$5000 purchase price. We estimate that the projection unit along with the notebook computer requested above and will save us thousands of dollars in slide production costs (which is approximately \$3.50 per color slide). In addition, it will allow us to always have access to reliable equipment, as well as edit and change our presentations based on participant evaluations and the ever-emerging information in the pain management field.

#### V. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### Contracts

Pain Education Videos production

The video series that are currently available for pain education are too expensive (\$500 or more) for most health care facilities. Project staff will produce a set of pain education videos that will be given to the facilities that participate in the pain management quality improvement meetings. The Resource Center will sell the tapes at cost after the project's end.

The video production studio of the University of Wisconsin School of Nursing has sophisticated facilities able to produce quality videos at far less than market prices. Production of 240 minutes of video is estimated at \$48,000. In contrast, commercial firms charge \$1,000 per minute for video production. In addition the budget includes \$12,600 for reproduction of 4,000 videotapes, and \$2,490 for covers for the video sets. We anticipate that there will be eight videos in the series. This plan will allow us to make 500 copies of an 8 video set.

#### Research Associate

# Research Associate, TBA 100% position

The primary responsibility of the research associate will be to participate in the development of field analyses that assist in shaping the direction and content of JCAHO standards for all accreditation programs. He/she will review, synthesize, and analyze significant trends in the environment that may have implications for future standards. The research associate will also participate as a member of standards development teams which develop, revise, and review standards and scoring guidelines for all accreditation manuals. The research associate will work in collaboration with Dr. Berry and other project personnel as well as members of the Standards Department of JCAHO to:

- Review literature to identify key issues associated with JCAHO standards, including major trends; social, economic, political, and regulatory initiatives; customer needs and expectations; cost/benefit implications; and positions of key organizations and other stakeholders.
- 2. Contact key external parties, including professional organizations, in order to obtain information pertinent to field analysis.
- 3. Conduct regular analyses of field information and, as assigned, prepare reports addressing future standards issues.
- 4. Assist in the development and revision of standards. This activity include preliminary drafting of examples of compliance, abstracting bibliographic references, and developing standards crosswalks between manual editions.

Assist with other projects as assigned. These may include activities related to survey process development and testing; cooperative agreements between the Joint Commission and other accrediting/regulatory bodies; and standards cost/impact studies.

This will be a 100% position within the JCAHO with a salary of \$48,089 per year. With a 28% fringe benefit rate, the first year cost is \$64,016.

#### Consultants:

### Joleen Rischer, RN

Ms. Rischer will assist Ms. Gordon with quality improvement programs with hospitals, a collaborative effort with the state peer review organizations. She will facilitate dissemination of the new JCAHO standards and the programs developed by this project. She will assist with recruitment of participants for the regional workshops and assist with design of educational programs that will allow hospitals to adapt standards to local conditions. She will be available to consult with local leaders to develop strategies for change, and provide links to other agencies. For these functions, the budget includes 52 days at \$375 per day for a total of \$19,500.

# David Weissman, MD

Dr. Weissman will lend his expertise and experience to the development of the proposed pain quality improvement programs. He will also act as faculty for the Wisconsin and national training programs. For these functions, the budget includes 10 days at \$500 per day for a total of \$5,000.

### Stephen R. Connor, PhD

Dr. Connor will act as consultant for revision of the JCAHO standards for home care as a representative of the National Hospice Organization. He will review the drafts of the standards, intent statement, scoring guidelines and survey questions and recommend changes as appropriate. For these functions, the budget includes 2 days at \$300 per day for a total of \$600.

# Barbara Woodford, RN - unpaid consultant

Ms. Woodford is a nurse consultant with the Wisconsin Department of Health and Family Services. Over her 30 year nursing career, she has been a clinician, supervisor, administrator, educator and surveyor. She brings a strong background in regulatory issues, the survey process, quality assurance and quality improvement activities.

# Thomas H. Brown, RN, MSN

Mr. Brown will review the revised JCAHO standards for home care and provide consultation on the content and conduct of the quality assurance programs for home care agencies. For these functions, the budget includes 2 days at \$300 per day for a total of \$600.

# Loriann De Martini, Pharm D - unpaid consultant

Dr. DeMartini will act as consultant for the JCAHO standards project by reviewing drafts of the JCAHO standards, intent statements, scoring guidelines, and survey questions.

# Reviewers for JCAHO Standards for Long Term Care - TBA

We will recruit two reviewers familiar with long term care to review the JCAHO standards for long care. For these functions, the budget includes 2 days per person at \$300 per day for a total of \$1,200

# Site visitor for the Home Health project (TBA)

A site visitor will be recruited for the home care project in northwestern Wisconsin. The preparation, implementation, and follow-up for each of 35 site visits is estimated to require one day. This is a total of 35 days to be paid at \$300 per day for a total of \$10,500.

### Home health conferences guest faculty (TBA)

The home care conferences will be conducted by project staff and two guest faculty; honoraria for those faculty have been budgeted at \$500 per conference for a total of \$4,000.

# The Robert Wood Johnson Foundation Line Item Budget - Project Year Two

Grant Period from August 1, 1997 to July 31, 2000 Budget Period: form August 1, 1998 to July 31, 1999

#### I. PERSONNEL

<u>Nam</u>	<u>Pos</u>	ition Base	/m mm.		RWJF	Other
-		Salary	% Time	<u>Total</u>	Support	
June Dahl	Project Director	\$99,149	35%	\$34,702	\$34,702	support
Patricia Berry	Project Coordinator	\$50,960	80%	\$40,768	\$40.768	
Debra Gordon	Project Associate	\$48,797	20%	\$9,759	\$9,759	
Karen Stevenson	Project Associate	\$45.760	60%	\$27,456	\$27,456	
Kate Roberts	Project Associate	\$41,600	20%	\$8,320	\$8,320	
Sandra Ward	Research Consultant	\$75,080	10%	\$7,508	\$7,508	
TBA	Program Assistant*	\$24.877	100%	\$24,877	\$24,877	
TBA	Program Assistant*	\$24,877	100%	\$24,877	\$24,877	
TBA	Student Assistant**	\$15,142	100%	\$15,142	\$15,142	
Fringe Benefits (33	3 0%, *35.0%. **3 0%)			<b>\$</b> 60 278	\$60,278	
SUBTOTAL				\$253,687	\$253,687 <b>y</b>	
IL OTHER DIRECT CO	OSTS					
Office Operations						
Supplies				\$4,200	£4.200	
Printing				\$2,085	\$4,200	
Telephone					\$2.085	
Postage				\$4,451	\$4,451	
Service Agre	eements			\$3,265	\$3,265	
Communications				\$1,750	\$1,750	
Software				\$240	\$240	
Equipment less than \$5000			do.	\$555 550	\$555	
Meeting Costs			3		50	
Travel				\$113,538	\$113,538	
				\$23,477	\$23,477	
Subtotal				\$154,310	\$154.310	
III. Indirect Costs (9%)				\$36,720	\$36,720 4	
IV. Equipment				\$0	\$0	
V. Consultant/ Contractu	al Agreements			\$101,496	\$101,496	
<b>ጥ</b> ለጥ ል የ						
TOTAL				\$546,213	\$546,218 ₁	1. 8

# Budget Narrative - Project Year Two

Grant Period: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1998 to 7/31/1999)

#### I. PERSONNEL

There are no changes in personnel for Year 2; however Ms. Gordon's percent effort will be reduced from 30% to 20%, and Ms. Stevenson's from 70% to 60%. Salaries are increased by 4% over Year 1.

<u>Title</u>	Salary	Fringe Rate	Fringes
Project Director	\$34,702	33.0%	\$11,452
Project Coordinator	\$40,768	33.0%	\$13,453
Project Associate	\$ 9.759	33.0%	\$ 3,221
Project Associate	\$27,456	33.0%	\$ 9,060
Project Associate	\$ 8,320	33.0%	\$ 2,746
Research Consultant	\$ 7,508	33.0%	\$ 2,478
Program Assistant	\$24,877	35.0%	\$ 8,707
Program Assistant	\$24,877	35.0%	\$ 8,707
Student Assistant	\$15,142	3.0%	\$ 454
	•	Total Fringes	\$60,278

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

# II. OTHER DIRECT COSTS

#### Office Operations:

Supplies - A 5% increase in the supply budget is requested for Year 2.

Printing - The requested printing budget is \$2,085. We estimated the cost of duplicating materials for the four regional programs to be \$756 (\$3 each for a total of 252 participants). The cost of printing materials for the four half-day programs remaining for the Wisconsin home care project is estimated to be \$150 (50 facilities. 3 participants each for 150 meeting packets at \$1 each). Also included in our estimate is ongoing printing for the standards project and stationery.

Telephone - The requested telephone budget is \$4,451. This reflects a 5% increase for the rental and usage charges over Year 1. There are no phone installation charges. Conference calls and voice mail charges continue as in Year 1.

Postage - The total postage budget is \$3,265. This reflects a possible US postal rate increase of 10%

Service agreements - Computer technical support needs decrease to \$1,500 for Year 2 since the network software will already be installed.

#### Communications

The requested communications budget is \$240 for support for the Wisconsin Cancer Pain Initiative's web site.

#### Software:

The requested software budget is \$555. This would pay for operating system upgrades.

#### Equipment Less Than \$5,000

The requested equipment budget is \$750 for processor upgrades for three computers (\$250 each). These processors will allow three older computers to keep pace with anticipated advances in technology that will be useful to the ongoing communications needs of the project.

#### Meeting Costs:

The requested meeting cost budget is \$113,538 In this year, the final two half-day conferences for the Wisconsin home care project will be held. As in Year 1, the cost per half-day conference is \$3,093, for a total of \$6,136. These half-day conferences will be conducted by project staff and two guest faculty; honoraria for those faculty have been budgeted at \$500 per conference for a total of \$2,000.

Four regional meetings will be held in year 2, at a total cost of \$107,352. Costs are based on the same factors described for the first regional meeting held during Year 1

#### Project Staff Travel:

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$23,477 is requested.

JCAHO Standards Project - A total of \$1,404 is requested for three trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip, at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals, estimated at \$25/day totaling \$150.

Home Care Quality Assurance Programs - A total of \$1,473 is requested for mileage for the follow-up and evaluation site visits to the 100 home care agencies participating in the project. Estimates are based on the same formulas used in Year 1.

Faculty travel to Regional Training Programs - A total of \$17,000 is requested to cover the faculty travel costs for the four regional quality improvement training programs that will be held this year. This is based on the same factors described for year 1.

National Meetings - The total budget requested is \$3,600 to support costs of travel, lodging and meals for three project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives

#### III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$37,115.

#### IV. EQUIPMENT

None requested for this year.

#### V. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### **Contracts**

Research Associate - The budget of \$64.106 reflects a 4% salary increase with a 28% fringe benefit rate.

#### Consultants:

#### Joleen Rischer, RN

Ms. Rischer will continue with the same functions described in Year 1, at the same rate of \$375 per day, 52 days for a total of \$20,280.

#### David Weissman, MD

Dr. Weissman will continue with the same functions described in Year 1, at the same rate of \$500 per day, 10 days for a total of \$5,000.

#### Stephen R. Connor, PhD

We anticipate that Dr. Connor will spend one day as a consultant at \$300 per day for a total of \$300

#### Loriann De Martini, Pharm D - unpaid consultant

Dr. DeMartini will continue to act as an unpaid consultant for the JCAHO standards project.

#### Barbara Woodford, RN - unpaid consultant

Ms. Woodford will continue to act as an unpaid consultant for the home care project.

#### Thomas H. Brown, RN, MSN

We anticipate that Mr. Brown will spend one day as a consultant at \$300 per day for a total of \$300.

#### Reviewers for JCAHO Standards for long term care (TBA)

We anticipate that each of the reviewers will spend one day as a consultant at \$300 per day, for a total of \$600.

#### Site visitor for the home care project (TBA)

The site visitor will make a total of 25 visits, each of which will take one day. At \$300 per day, the total for the year is \$9,000.

### The Robert Wood Johnson Foundation Line Item Budget - Project Year Three

Grant Period. from August 1, 1997 to July 31, 2000 Budget Period: form August 1, 1999 to July 31, 2000

#### I. PERSONNEL

Nam	e <u>Position</u>	***************************************	% Time	Total	RWJF	Other
June Dahl	Project Director	<u>Salary</u> \$103.115	35%		Support	support
Patricia Berry	Project Coordinator	\$52.998	33% 80%	\$36,090 \$42,399	\$36,090 \$42,300	
Dobra Gordon	Project Associate	\$50,749	20%		\$42,399	
Karen Stevenson	Project Associate	\$47,590	60%	\$10,150 \$28.554	\$10,150 \$28,554	
Kate Roberts	Project Associate	\$43.264	20%	\$8,653	\$8,653	
Sandra Ward	Research Consultant	\$78,083	10%	\$7,808	\$7,808	
TBA	Program Assistant*	\$25,872	100%	\$25,872	\$25,872	
TBA	Program Assistant*	\$25,872	100%	\$25,872	\$25,872 \$25,872	
TBA	Student Assistant**	\$15,748	100%	\$15,748	\$15,748	
Fringe Benefits (33.0%, *35.0%, **3.0%)				\$62.689	\$62.689	
SUBTOTAL				\$263,835	\$263,8354	
IL OTHER DIRECT CO	OSTS					
Office Operations						
Supplies				\$4,410	\$4.410	
Printing				\$1.746	\$1,746	
Telephone				\$3,379	\$3,379	
Postage				\$3,265	\$3,265	
Service Agr	eements			\$1,750	\$1,750	
Communications				\$240	\$240	
Software				<b>\$</b> 450	\$450	
Equipment less than \$5000				\$500	\$500	
Meeting Costs				\$80.514	\$80,514	
Travel				\$17,754	\$17.754	
Subtotal				\$114,008	\$114,008 ₄	
III. Indirect Costs (9%)				\$34,006	\$34,006 7	
IV. Equipment				\$0	\$0	
V. Consultant/ Contract	ual Agreements			\$92,668	\$92,668	
TOTAL				\$504.517	\$504,517 ₄	17. gir

# **Budget Narrative - Project Year Three**

Grant Period: (from 8/1/1997 to 7/31/2000) Budget Period: (from 8/1/1999 to 7/31/2000)

#### I. PERSONNEL

There are no changes in personnel for Year 3. Salaries are increased by 4% from Year 2.

Title Project Director Project Coordinator	<u>Salary</u> \$34,702 \$40,768	Fringe Rate 33.0% 33.0%	<u>Fringes</u> \$11,452 \$13.453
Project Associate Project Associate	\$9,759	33.0%	\$3,221
Project Associate	\$27,456 \$8,320	33.0% 33.0%	\$9,060 \$2,746
Research Consultant Program Assistant	\$7,508	33.0%	\$2,746
Program Assistant	\$24,877 \$24,877	35.0% 35.0%	\$9,055 <b>\$9,0</b> 55
Student Assistant	\$15,142	3.0%	\$9,053 \$454
	•	Total Fringes	\$62,689

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

#### II. OTHER DIRECT COSTS

#### Office Operations:

Supplies - A 5% increase in the supply budget is requested for Year 3.

Printing - The printing budget requested is \$1,746. This includes \$567 for the participant packets for the three remaining regional meetings. The other items requested are the same as Year 2, except for \$150 no longer needed for the Wisconsin home care projects.

Telephone - The requested telephone budget is \$3,379. This reflects a 5% increase for the rental and usage charges over Year 2, and stable voice mail charges. We anticipate that we will coordinate four conference calls at a cost of \$779.

Postage - We are requesting the same budget as for Year 2.

Service agreements - Computer technical support costs will be the same as in Year 2

#### Communications

The requested communications budget is \$240 for support for the Wisconsin Cancer Pain Initiative's web site.

**Case: 1:17-md-02804-PAP Doc #: 2390-13 Filed: 08/14/12 329 of 373. PageID #: 394538

#### Software:

The requested software budget is \$450. This would pay for integrated office software upgrades anticipated for release this year. As part of ongoing project dissemination we will share files with other programs, and need to keep pace with standard software upgrades.

#### Equipment Less Than \$5,000

The requested equipment budget is \$500 for computer hardware upgrades.

#### Meeting Costs:

The requested meeting budget is \$80,514. This is for the final three regional programs; the same cost basis is the same as described for Year 1.

#### Project Staff Travel:

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$17,754 is requested.

JCAHO Standards Project - A total of \$1,404 is requested for three trips by three project staff to the JCAHO corporate offices in Oakbrook Terrace, IL. Approximately 300 miles round trip, at \$.31/mile for a total of \$186; hotel costs at \$100/night, totaling \$600; and meals, estimated at \$25/day totaling \$150.

Faculty travel to Regional Training Programs - A total of \$12.750 is requested to cover the faculty travel costs for the three regional quality improvement training programs that will be held this year. This is based on the same factors described for year 1

National Meetings - The total budget requested is \$3,600 to support costs of travel. lodging and meals for three project staff to attend the annual meeting of the American Pain Society and/or the National Meeting for State Cancer Pain Initiatives.

#### III.INDIRECT COSTS

Indirect costs are calculated at a 9% rate of budget categories I and II for a total of \$34,256.

#### IV. EQUIPMENT

None requested for this year.

#### IV. CONSULTANTS/CONTRACTUAL AGREEMENTS

#### Contracts

Research Associate - The budget of \$66,577 reflects a 4% salary increase over Year 2 with a 28% fringe benefit rate.

#### Consultants:

#### Joleen Rischer, RN

Ms. Rischer will continue with the same functions described in Year 2, at the same rate of \$375 per day, 52 days for a total of \$21,091

#### David Weissman, MD

Dr. Weissman continue with the same functions described in Year 2, at the same rate of \$500 per day, 10 days for a total of \$5,000.

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#### Biographical Sketches of Key Personnel

#### June L. Dahl, PhD

Dr. Dahl is a Professor of Pharmacology at the University of Wisconsin Medical School. She received the PhD in physical chemistry and conducted basic neuroscience research for several years. More recently her attention has focused on educational and advocacy efforts in the field of pain management. She is co-founder and Chair of the Wisconsin Cancer Pain Initiative, which is a World Health Organization demonstration project. She is Co-Director of the WCPI Role Model Program and Director of The Resource Center for State Cancer Pain Initiatives which was developed with funds provided by the Robert Wood Johnson Foundation She serves on the Pain-Patient Care Team of the University of Wisconsin Hospital & Clinics. She has served as faculty for many quality improvement programs. She has been involved in the development of the Wisconsin Cancer Pain Initiative's educational materials for health care professionals, patients and families, is co-author of the Handbook of Cancer Pain Management and the Wisconsin Resource Manual for Improvement which will serve as the basis for the quality improvement programs with clinicians and administrators from various care settings. She has also been involved in the education of medical board members. Because she chaired Wisconsin's drug regulatory authority, the Controlled Substances Board, for ten years, she also brings an understanding of the impact of regulations on prescribing practices of clinicians. She chairs the Analgesic Regulatory Affairs Committee of the American Pain Society and serves on its Quality of Care Committee.

#### Patricia Berry, PhD, RN, CRNH, CS

Dr. Berry brings 20 years of experience in hospice and palliative care, and is a certified hospice and geriatric nurse practitioner. She also has extensive experience in undergraduate, graduate, and continuing education. She served as a hospice accreditation surveyor for the Joint Commission on the Accreditation of Healthcare Organizations for five years, co-authored the Hospice Nursing Standards of Practice and Professional Performance published by the Hospice Nurses Association, and oversaw the completion of and contributed to the Nursing Competencies published by the Wisconsin Cancer Pain Initiative. Her publications include barriers to pain management in hospice: handling, carrying, and disposing of controlled medications; care-giver and patient concerns about analgesics; and the importance of documenting care in specialty practices. She has lectured nationally on pain management, standards of nursing practice, regulations that impact hospice nursing practice, and safety issues in home care and hospice practice. She serves as faculty for the hospice nursing certification review course of the Hospice Nurses Association and has served as faculty for the model long-term care programs held in southeastern Wisconsin. For her doctoral dissertation, she examined cancer pain management in long-term care settings, including the perspectives of residents and close family members

#### Debra Gordon, MS, RN, CS

Ms. Gordon is a Senior Clinical Nurse Specialist at the University of Wisconsin Hospital and Clinics in Madison, WI. She is founder and Co-Chair of the hospital's interdisciplinary Pain-Patient Care Team charged with developing and promoting

improvements in pain management. In this capacity she has developed institutional standards and guidelines for the management of pain, organized educational programs for staff members and patients, and in collaboration with Dr. Ward monitored the impact of these efforts on pain management practices in the hospital. She is vice-chair of the American Pain Society's (APS) Quality of Care Committee, a contributing author to the APS Quality Improvement Guidelines and principal author of the Wisconsin Resource Manual.

#### Karen Stevenson, MS, RN

Ms. Stevenson has been an oncology clinical nurse specialist for over a decade, with a primary focus in palliative care. In her work in hospice and outpatient radiotherapy settings, she was responsible for both direct patient care, as well as the development of palliative care approaches. She has been the Outreach Program Manager of the WCPI since 1994. She has acted as a Palliative Care Consultant in private practice, and presented in multiple pain and palliative care education and institutionalization programs, including the WCPI Cancer Pain Role Model Program. She is co-author of the Wisconsin Resource Manual. Along with Kate Roberts, RN, she developed and piloted the pain management quality improvement program for the Home Health Program affiliated with the University of Wisconsin Hospital & Clinics which will be used as a template for the home health education portion of this program.

#### Kate Roberts, BSN, RN

Ms. Roberts is co-founder of the Center For Life & Loss Integration, and is a consultant there in grief and pain management. She was a founding member of HospiceCare, Inc of Madison, WI, where she had direct management responsibilities for the interdisciplinary team for thirteen years. She has extensive experience in palliative care, communication, and team building. She has presented seminars on numerous topics including, grief and loss, pain and palliative care education and has served as a faculty member for the NCI funded Cancer Pain Role Model Program. She is also a palliative care consultant for the University of Wisconsin Home Health Agency and has been instrumental in developing a process to make pain management a priority in this setting. She is well recognized for her ability to foster professional growth and communication skills in the clinicians who care for patients in pain.

#### Sandra Ward, PhD, RN

Dr. Ward is an Associate Professor at the University of Wisconsin-Madison School of Nursing. Her research focuses on pain management in persons with cancer. As part of this effort she has conducted a number of quality assurance and improvement studies documenting outcomes of pain management. These studies were based on American Pain Society recommendations; her results demonstrated the need for guideline revision, a task which was completed late in 1995. She and her colleagues have published one of the few longitudinal pain outcome studies. Unfortunately, their results demonstrated that undertreatment of pain remains a problem even in institutions committed to improving care for persons in pain. She is Chair of the Quality of Care Committee of the American Pain Society.

Joleen Rischer, RN

Ms. Rischer has nuncteen years experience with the Utah PRO, HealthInsight. During the last five years she has managed multi-facility quality improvement projects which addressed specific diseases and/or procedures. She organized a team that adapted the AHCPR cancer pain guideline in facilities across Utah. This effort involved coordinating the work of people from state government, the local Cancer Pain Relief group. HealthInsight, hospitals, hospices, home health agencies, and nursing homes. As a result of this work, she currently serves as Vice President, Board of Directors of Cancer Pain Relief-Utah (the Utah Cancer Pain Initiative).

David E. Weissman, MD

Dr. Weissman, a medical oncologist and director of the MCW Palliative Medicine Program, is a nationally recognized expert in the field of pain and palliative care education. He has been director of physician education for the Wisconsin Cancer Pain Initiative since 1986, served as a member of the Expert Committee which developed the AHCPR Cancer Pain Guideline. Dr. Weissman is the founder and director of the WCPI Cancer Pain Role Model Program whose goals are to train health professional to be role models for cancer pain management. Since 1994 Dr. Weissman has been directing a series of programs aimed at improving the institutional culture of pain assessment and treatment in Wisconsin hospitals and long-term care facilities. The most current program is a highly successful effort to improve pain management services in 90 long-term care foundations throughout Eastern Wisconsin, and which is the model for the proposed quality assurance programs for long term care facilities.

Stephen R. Connor, PhD

Dr. Connor, a licensed clinical psychologist, is the Executive Director of Hospice of Central Kentucky and has a part time private practice in clinical psychology in Elizabethtown. Kentucky. He has been involved in organizing and managing hospice programs since 1975. He is the former chair of the National Hospice Organization's Standards & Accreditation Committee and currently chairs NHO's new Research Committee. He also chairs the Medical Guidelines Task Force that has developed the NHO Medical Guidelines for Determining Prognosis in Selected Non-Cancer Terminal Diseases. He worked for three years for JCAHO as a consultant hospice surveyor.

Loriann De Martini, Pharm D

Dr. De Martini is a pharmaceutical consultant with the California Department of Health Services, Licensing and Certification. As a pharmaceutical consultant with the Department of Health Services, she evaluates the delivery of pharmaceutical services in all licensed health care facilities in accordance with the California Code of Regulations and the Federal Code of Regulations. She is a member of the California Department of Health Services academy which trains all new health facilities surveyors. She participates in the development and review of California and federal regulations as well as contribution to HCFA manuals on appropriate drug therapy. Her experience covers a wide spectrum of pharmacy practice, including general acute care hospitals, community practice, health maintenance organizations, skilled nursing facilities, psychiatric health facilities and drug and alcohol rehabilitation.

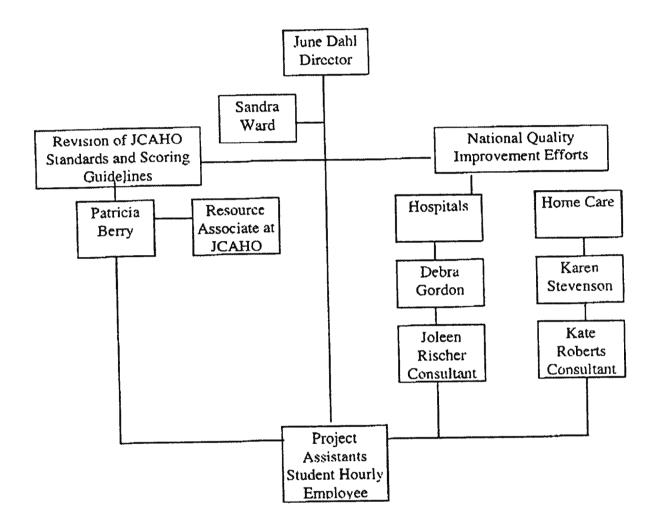
#### Barbara Woodford, RN

Ms. Woodford is a nurse consultant with the Wisconsin Department of Health and Family Services, division of Supportive Living. Bureau of Quality Assurance, Provider Regulation and Quality Improvement Section. She brings a strong background in regulatory issues, the survey process, quality assurance and quality improvement activities. Ms. Woodford has been and continues to be an active participant in the development of home health and hospice licensure and certification regulations. In her present role with the Bureau of Quality Assurance, she serves as a nursing consultant to Bureau and Department staff as well as the home health and hospice industries. She has primary responsibility for training home health and hospice surveyors in state licensure and federal certification requirements, and the outcome oriented survey processes. For the past 3 years, Ms. Woodford has served as faculty for HFCA training programs in home health and hospice.

#### Thomas H Brown, RN, MS

Mr. Brown is currently the President of Home Health United. The agency is a not-for-profit corporation, sponsored by hospitals in Baraboo, Reedsburg and Sauk Prairie, WI and St. Mary's Hospital in Madison, WI. Home Health United provides nursing therapy, and home health aide, companion, and home making services. Home medical equipment, respiratory, and therapy services are provided directly. He earned his degrees in nursing administration from the University of Colorado with an emphasis in community health. He has previously held administrative positions in other hospitals and home health agencies in Nebraska, Texas and Wisconsin.

# Overview of Roles and Relationships of Key Personnel



. Case: 1:17-md-02804- Doc #: 2390-13 Filed: 08/I4/12-335 of 373. PageID #: 394544



July 8, 1997

Linda Manning
Program Assistant
The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316

Dear Ms. Manning:

In an e-mail message to Rosemary Gibson, Gail Benish raised some thoughtful questions to which we are pleased to have the opportunity to respond. We have made adjustments in the budget and budget narrative, also included with this fax. What follows is a response to each of the questions. I have numbered them in the order they appeared in Ms. Benish's memo. Her questions are typed in bold print.

1. We are supporting a total of 55% of June Dahl's time between this proposal and Grant #31461. As project director of this proposal and co-director of the other grant, will she be able to spend the amount of time required on each?

I have carefully evaluated my responsibilities to these projects and to the academic missions of the medical school. Because of the major commitment to the projects supported by the Robert Wood Johnson Foundation, I have resigned from all of the University and Medical School Committees on which I served. In addition, my department has recruited an instructor with a PhD in pharmacology to assist with the teaching actitivies of the pharmacology course which I direct. Starting this year, the department is also giving me administrative support for the course so that I no longer have to deal with all the clerical details associated with running a major medical school course.

2. I kept on reviewing the narrative for the project associates and I question whether all three are required at the percent of time for each year?

This is a very thought-provoking question, and particularly interesting in light of my concerns that we may not have adequate staff to conduct all aspects of the proposal. We trust that the additions we have made to the descriptions of the responsibilities of the three project associates (see pages 5 and 6 of the Budget Narrative) provide appropriate justification for these positions. One of our challenges is that the needs of this project will very likely shift over time and that we may confront unanticipated challenges. For example, we cannot predict how quickly the revisions of the JCAHO standards and scoring guidelines can be accomplished. Frankly, this will be a political process and we must be prepared to deal with that reality. We will also be critically

Department of Pharmacology

3795 Medical Sciences Center 1300 University Avenue Madison, WI 53706-1532 608/262-1733 FAX 608/262-1257

examining the various aspects of the national quality improvement programs as we proceed with their implementation. We anticipate that our initial experiences will lead us to make changes so that we can more efficiently accomplish the goals of the project. We will be making annual reports to the Poundation which will provide a forum for continuous evaluation of our funding needs. This is essential because the project will be moving us into "uncharted territory."

3. Is the Research Consultant an employee of our applicant?

The Research Consultant, Dr. Sandra Ward, is not literally my employee. She is a Professor in the School of Nursing and as such is an employee of the State of Wisconsin because ours is a public university. However, I would direct her work on this project.

4. They are requesting to purchase a new fax machine. They do not have one? If we do agree to purchase one the service agreement should be included in price. They are separately budgeting \$1,360 for a service contract for this machine which is more than the purchase.

We have an aging fax machine which requires frequent servicing with resultant interruptions in our work. It will not serve the needs of a national project of this scope. We agree that the service agreement should be included in the price; an appropriate correction has been made in the budget and the budget narrative. This was an oversight on our part.

5. We purchased a computer and printer under Grant #31461. Do they really need a color printer?

Our office and that of the Pain and Policy Studies Group to whom Grant #31461 was awarded are at different locations on the UW Campus. It is impossible for us to share such items. Is a color printer essential? No. Is a color printer beneficial? To that I would answer a definitive yes. Substance is of course the most important element in any presentation, but for certain audiences, the presentation has greater impact when

it is accompanied by outstanding visual images.

6. Purchased a portable laptop computer and a Proxima computer projector to be used at meetings for presentations under Grant #31461. How many presentations all together would be made to warrant the purchase of a notebook computer under this grant? Can the laptop and projector be shared amongst the two grants?

Because of the large number of meetings associated with both projects, it would be a logistical nightmare to share a laptop and projector. However, we propose to obtain half of the funding for the projector from other sources as we envision using it for allied projects which are not directly covered by this proposal, but which share the

common goal of improving the management of pain.

7. Under meeting costs the half day sessions are not half of the costs as is budgeted for a full day meeting. The full day meeting is \$4,418 and they are requesting \$3,093 for a half day session. Are there more costs associated with the half day sessions?

We have provided an explanation for these costs in the Budget Narrative on page 9. Meeting costs for the half-day conferences are indeed more than half those of full-day conferences because many of the charges (coordination, registration, AV rental, meeting planner travel) are the same whether one has a half-day or a full-day meeting.

8. The two guest faculty for the home care conferences are being paid an honoraria of \$500 which should not be under meeting costs, but under

P.03

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consultants. Also the Wisconsin Resource Manual course book is budgeted under meeting costs at \$2,100. This should be put under printing? The \$4,250 for faculty travel to the meeting, is this for staff at the University of Wisconsin or outside consultants. Travel costs need to be separated from the meeting costs and then put under staff or consultant travel.

We have moved the honoraria for the two guest faculty for the home care conferences from meeting costs to the consultant category. Faculty travel costs have also been moved from meeting costs to travel costs. It is not appropriate to budget the costs of the Resource Manual under printing. The Resource Manual is published by the University of Wisconsin; the Board of Regents holds the copyright. We purchase the Manual as a completed product.

Indirect costs will need to be adjusted accordingly once the budget has been negotiated.

The indirect costs have been adjusted to reflect movement of costs from one budget category to another.

10. Pain Education Videos, is 4,000 copies reasonable?

We are asking support for 500 copies of an 8 video set. We believe this is a reasonable request given the very large number of health care professionals who provide home care services. There are 450 home care agencies in Wisconsin alone each of which employs many individual care providers who will need to learn to assess and treat pain appropriately.

11. Requesting 100%FTE for a Research Associate under consultants, then why is the research consultant under personnel needed?

These are very different positions. The Research Associate listed as a consultant will focus solely on revision of the JCAHO standards and will be headquartered at the JCAHO offices in Oakbrook Park, IL. The Research Consultant listed under personnel will focus her attention on overall program evaluation.

12. Ms. Rischer under consultants will undertake one task to meet with local leaders to develop strategies for change. Would any of these leaders be county, state or government leaders? We do not want this to be mistaken as this person will lobby for changes.

None of the leaders will be county, state or government leaders so there should be no concern that these persons will be mistaken for lobbyists.

We appreciate the opportunity to address your questions and concerns. Thank you very much.

Sincerely,

une L. Dahl. Ph.D.

Professor of Pharmacology

JLD:arp

P.04

From:

Rosemary Gibson

To:

GIB

Date: Subject:

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7/2/97 4:32pm
Univ. of Wisconsın Medical School Proposal #32037 (July Board item) -Reply

>>>>>>>>>

I have reviewed the proposed budget and have listed my comments and/or questions below:

#### **PERSONNEL**

- We are supporting a total of 55% of June Dahl's time between this proposal and Grant #31461. As project director of this proposal and co-director of the other grant, will she be able to spend the amount of time required on each?

She will definitely be spending 55 percent (and more than that really -- she is a dedicated lady --

- I kept on reviewing the narrative for the project associates and I question whether all three are required at the percent of time for each year?

They are required, Gail, because of the magnitude of the proposed effort. This is okay -- they aren't padding this.

- Is the Research Consultant an employee of our applicant?

No, they are working on a subcontract with JCAHO -- which is where the research consultant will be working.

- They are requesting to purchase a new fax machine. They do not have one? If we do agree to purchase one the service agreement should be included in price. They are separately budgeting \$1,360 for a service contract for this machine which is more than the purchase.

They will review this and reduce it.

- We purchased a computer and printer under Grant #31461. Do they really need a color printer?

They will be abel to do their own publishing of educastional materials and reduce printing costs.

- Purchased a portable laptop computer and a Proxima computer projector to be used at meetings for presentations under Grant #31461. How many presentations all together would be made to warrant the purchase of a notebook computer under this grant? Can the laptop and projector be shared amongst the two grants?

ad fred girt

Although they are at the same university, the offices are separate and in two separate buildings. The rationale for the portable laptop computer is that they can produce their own slides instead of spending money externally to have them made. Re - the computer projector, when they will be doing the eight regional meetings etc. They would be willing to have RWJF pay only 50 percent of the cost of both of them and cover the cost elsewhere. So the budget can be rduced for this.

- Under meeting costs the half day sessions are not half of the costs as is budgeted for a full day meeting. The full day meeting is \$4,418 and they are requesting \$3,093 for a half day session. Are there more costs associated with the half day sessions?

They will re look at this and get back to us tomorrow.

- The two guest faculty for the home care conferences are being paid an honoraria of \$500 which should not be under meeting costs, but under consultants. Also the Wisconsin Resource Manual course book is budgeted under meeting costs at \$2,100. This should be put under printing? The \$4,250 for faculty travel to the meeting, is this for staff at the University of Wisconsin or outside consultants. Travel costs need to be separated from the meeting costs and then put under staff or consultant travel

They will revise the budget appropriateloy.

- Indirect costs will need to be adjusted accordingly once the budget has been negotiated.

- Pain Education Videos, is 4,000 copies reasonable?

  Yes -- at least 1,000 hospitals are projected to be participating in the quality improvement effort and each hospital may receive more than one video. This is not unreasonable given the scope of the project.
- Requesting 100%FTE for a Research Associate under consultants, then why is the research consultant under personnel needed?

They will look at that and get back to us tomorrow;

- Ms. Rischer under consultants will undertake one task to meet with local leaders to develop strategies for change. Would any of these leaders be county, state or government leaders? We do not want this to be mistaken as this person will **lobby** for changes.

don't worry -- this project doesn't have anything to do with legislation; its changes in practice in hospitals, etc.

Because of your expertise and familiarity of this grant, I assume you are comfortable with the amount of consultants and the tasks they will be undertaking.

I look forward to hearing from you regarding the above and if you would like to meet and discuss this budget further, please do not hesitate to call or see me. Thank you.

Gail -- this is a very high leveraged grant -- we're getting a lot of in-kind contributions. To be honest, this is one of the best grants to improve things that I've done since I've been here. These folks use their own money out of their own pockets to do this work because they are so committed. It is not an inexpensive grant, but it will have a big impact to help people in pain. We should have answers to outstanding questions by tomorrow -- Thursday. Will you be in? Thanks!

<<<<<<<



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4700 W. Lake Avenue, Glenview, IL 60025-1485, 847/375-4700, fax 847/375-4777

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July 3, 1997

Rosemary Gibson
Senior Program Manager
The Robert Wood Johnson Foundation
College Road East
P O Box 2316
Princeton, NJ 08543-2316

HE RUBERT WOLL 430N

JUL - 8 1997

ANSWEFE 11 ) TASHEET

Dear Ms Gibson

I am writing to support your efforts to have pain assessment and pain management included in the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). As President of the Association of Pediatric Oncology Nurses (APON) I can assure you that the membership of APON is enormously interested in efforts to effectively assess and manage pain

Children with cancer experience many different types of pain In addition to the pain caused directly by tumors, our patients frequently encounter surgical pain, pain caused by chemotherapeutic side effects such as mucositis, or even the pain associated with metastatic lesions I believe that if JCAHO were to include pain assessment and management in their accreditation process it would positively effect national standards for the assessment and treatment of pain in these children

Again, I applaud your efforts in pain management If I can be of any further assistance to your, please do not hesitate to ask

Sincerely,

Carolyn Walker, Ph D, R N., C.P O N

President, APON

Association of Community Cancer Centers Case: 1:17-md-02804-DAP Doc

May 15, 1997

THE ROBERT WINCE JUHNSON **FOUNDATION** 

MAY 2 3 1997

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James R Zabora MSW (Baltimore Maryland)

June L. Dahl, PhD Professor and Director

Resource Center for State Cancer Pain Initiatives

Department of Pharmacology

University of Wisconsin - Madison Medical School

3795 Medical Sciences Center 1300 University Avenue Madison, WI 53706-1532

Dear Dr. Dahl:

This letter is being written to express the support of the Association of Community Cancer Centers (ACCC) for the proposal being developed by you and your colleagues. Our understanding is that you will develop and implement an appropriate process to influence the content of Joint Commission accreditation standards to include the assessment, management, and treatment of pain.

As an organization representing the entire continuum of oncology care in the community setting, we have a keen interest in working with you in the coordination of national quality improvement efforts so that healthcare facilities will be prepared to meeting these new standards.

ACCC's Ad Hoc Committee for Advocacy is committed to a pain initiative. This includes a survey of our member institutions and practices to provide a baseline assessment of pain management initiatives in the community, building relationships with other national and state organizations committed to making pain assessment and treatment an integral part of the national health care system, and developing a plan of action to tackle this issue.

Please do not hesitate to contact Kathleen Young in the ACCC Executive Office (phone: 301/984-9496) to further address how our organizations can work together on this proposal.

Sincerely,

games L. Wade III

John E. Feldmann

James L. Wade III, MD

President

John E. Feldmann, MD Immediate Past-President

James R Zabora

James R. Zabora, MSW Chair, Ad Hoc Committee for Advocacy

EXECUTIVE OFFICE 11600 Nebel Street 

■ Suite 201 

■ Rockville MD 20852 2557 

■ (301) 984-9496 

■ FAX (301) 770-1949 

■ Lee E Mortenson D P A Executive Director Internet http://www.assoc.cancer-ctrs.org

# FAX MESSAGE Department of Pharmacology University of Wisconsin Medical School 1300 University Avenue Madison, WI 53706

Date: April 1, 1997

To: Rosemary Gibson Fax: (609)987-8746

From: June I Dahl

From: June L. Dahl Fax: (608) 265-4014

Number of pages including this page 4/
If there are transmission problems, please call (608) 265-4012 or 262-0978

I am pleased to share the letter from Carole Patterson in the Department of Standards at JCAHO as well as an outline of the process we are proposing to them to accomplish revision of the standards.

Thanks for your call. It certainly lifted my spirits. Your enthusiasm and theirs is like a dream come true.

more to follow must go to class.



#### Joint Commission

on Accreditation of Healthcare Organizations

March 19, 1997

June L. Dahl, PhD
Professor and Director
Resource Center for State Cancer Pain Initiatives
Department of Pharmacology
University of Wisconsin-Madison Medical School
3795 Medical Sciences Center
1300 University Avenue
Madison, WI 53706-1532

Dear Dr. Dahl:

This letter is being written to express our support for the proposal being developed by you and your colleagues. Our understanding is that you will develop and implement an appropriate process to influence the content of accreditation standards to include pain assessment and management or treatment. The Joint Commission welcomes the opportunity to collaborate with you in these efforts. We have already shared with you the standards development and approval process as established by the Joint Commission's Board.

We look forward to working together in several areas. First, together we have already begun seeking out the relevant scientific evidence supporting practice in this area. Experts in the field of pain management need to be identified to act as advisors and sources of information about the topic. And, we would hope to work together in identifying those "benchmark" organizations that have designed and implemented pain management programs and are tracking their patient care outcomes. Finally, the opportunity to identify and test innovative survey processes to assess an organization's implementation of such standards would be a helpful final step.

I trust this letter of support is of assistance. If you have further questions, please feel free to call me at 630.792.5899; or, you can reach me via e-mail on the Internet: cpatterson@jcaho.org.

Sincerely,

Carole H. Patterson, MN, RN

**Deputy Director** 

Department of Standards

# JCAHO Standards Revision Process for Proposed Cooperative Project: The Inclusion of Pain Assessment and Treatment in JCAHO Standards

Based on our discussions and your materials, we propose the following process for our collaborative project. We propose the process as a first draft; we welcome any and all comments, concerns, and suggestions for revision.

# 1. Develop JCAHO standard language, intent statements, scoring guidelines, and survey process questions to address pain management

- A Summary of need, review of the literature, justification of need for change
- B. Approach JCAHO leadership
- C. Review the relevant literature, including current JCAHO standards, patient satisfaction, institutionalization of clinical practices, pain management
- D. Review existing pain management standards
- E. Propose plan to JCAHO leadership to assure collaboration
- F. Survey or conduct focus group discussion of selected surveyors from all accreditation programs. (Refer to attached narrative)
- G. Prepare draft of standards, intent statements, scoring guidelines, survey process questions.
- H. Distribute draft standards and accompanying information for expert review, revision. Include JCAHO staff and surveyors as appropriate.
- I. Review and incorporate changes as appropriate.
- J. Redistribute draft standards and accompanying materials for review
- K. Review and incorporate changes as appropriate.

# II. Submit draft standards and accompanying materials to JCAHO; participate in JCAHO internal standards review process as appropriate.

- A. External evaluation process, including benefit/cost/impact analysis, survey process development and testing to determine reliability of new standard language,
- B. facilitation of participating organization in focus group discussions.
- C Collate results of field evaluations; assist with revisions.
- D. Present to the Sub-committees of the Board of Commissioners, selected PTACs, Standards and Survey Procedure Committee, and Board of Commissioners.
- E. Publish and communicate new standards and accompanying materials.
- F. Analyze field assessment data (survey experience and accreditation decision outcomes) related to the new standards.

# III. Participate, with JCAHO leadership, in presentations and publications related to the developed standards.

Assuming some suggestions for standards revisions come from your surveyors, we may want to either survey them or facilitate focus group discussions in order to learn about their experiences and perspectives related to standard revisions generally and this project in particular. We would welcome the opportunity to discuss this idea with you further, particularly if there is a precedent for surveyor input at this stage of the standards revision process and what mechanisms, if any, are in place to survey surveyors or assemble a representative group for focus group discussions.

We anticipate your surveyors could provide us valuable information that may facilitate some of our initial work, including helping us understand the actual survey process, how these particular standard changes may be received by the field, and what they may foresee as the positives and negatives of using such standards in survey situations. In addition, they may be helpful in helping us think through the drafting of the intent statements, scoring guidelines, and survey process questions, as well as the standard statements themselves.



March 3, 1997

Martin Grabois, M.D.
Professor and Chairman
Department of Physical Medicine and Rehabilitation
Baylor College of Medicine
1333 Moursund Avenue
Houston, TX 77030

Dear Dr. Grabois:

The purpose of this letter is to indicate June Dahl will be submitting a proposal to the Robert Wood Johnson Foundation in the near future which will explore the development of JCAHO standards for hospitals with regard to pain management. This is an important area where much work needs to be done, and we look forward to receiving the proposal. As with all proposals, they will be peer reviewed and all decisions are made by the Foundation's Board of Trustees.

Sincerely,

Rosemary Gibson

Senior Program Officer

RG/jms



# AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS Pharmacists in health systems helping people make the best use of medications

May 15, 1997

Rosemary Gibson Senior Program Manager The Robert Wood Johnson Foundation College Road East PO Box 2316 Princeton, NJ 08543-2416

Dear Ms Gibson

I am writing today to support the following proposal, which is currently under consideration by the Foundation

#### Institutionalizing Pain Management

Making Pain Assessment and Treatment an Integral Part of the Nation's Health Care System

Comprehensive guidelines on the management of acute pain and cancer pain are available from the Agency for Health Care Policy and Research (AHCPR) ASHP has endorsed these and has published these guidelines in the American Journal of Health-System Pharmacy and Clinical Pharmacy Despite the availability of these guidelines, patients still receive inadequate pain management. Unfortunately, the recommendations contained in these guidelines have not been institutionalized within the American health-care system

ASHP was a participant in the National Cancer Pain Summit held last September in Reston, Virginia Participants at the Summit believed that the adoption of standards by accrediting organizations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) would greatly facilitate the adoption of these guidelines in health systems. This would greatly benefit patients by insuring that they receive adequate pain relief and improving their quality of life

We believe that this proposal has merit and we hope that you will give serious consideration to this proposal If you have any questions or if we can provide further information, please don't hesitant to call on us

Sincerely,

A Oddis, Sc D kecutive Vice President

Q \SCT\DRW\DAHLRWJL WPD(mwm)

cc June L Dahl, Ph D



# Partnerships for Health Care Improvement

2909 Landmark Piace Madison, Wieconsin 53713

> 608 274-1940 800 362-2320 Fax 608 274-5008

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-	Senior Project Coordinator	?
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Province

# Medicare Peer Review Organizations

Peer Review Organizations (PROs) are groups of practicing physicians and other health care professionals paid by the federal government to monitor the care given to Medicare patients. Each state has a PRO that decides whether care given to Medicare patients is reasonable, necessary, and provided in the most appropriate setting. PROs also decide whether care meets the standards of quality generally accepted by the medical profession. In general, there is a separate PRO operating in each State. PROs may be profit or nonprofit organizations either composed of physicians, osteopaths and dentists activel practicing medicine in the PRO area or having available to them at least one physician in every generally recognized specialty. PROs perform their functions under contract to HCFA. Hospitals and physicians are required to cooperate with PROs as a condition of participation in Medicare. Most PRO activity has centered on inpatient hospital care, although over the years PRO have been given authority to monitor care in ambulatory settings, in HMOs, and in certain other settings.

Until recently, PROs monitored quality mainly through intensive review of individual case records (physician or hospital records) that had been selected as part of a random sample. A 1990 Institute of Medicine report provided a sound basis for a major shift of focus in the PRO program; based on the conceptual groundwork in that report, HCFA developed its Health Care Ouality Improvement Program (HCOIP), which became effective with the fourth round of PRO contracts launched in April 1993. The HCQIP is based on a reinvention of Medicare's quality assurance programs, especially its PROs. The change in name not only expresses profound changes that have taken place and will continue but also emphasizes the mission rather than the organizations that carry out the mission. The HCQIP was extended to Medicare's End Stage Renal Disease Networks in July 1994, and, over the next five years we expect HCQIP to become a broader term for the integrate quality management system that is emerging as part of HCFA's strategic planning.

As part of HCQIP local cooperative projects, PROs work with the local health care community to identify and interpret scientifically sound parameters of practice to measure the quality of care. These parameters of care are often based on practice guidelines developed by the Agency for Health Care Policy and Research as well as other authoritative clinical bodic PROs then use statistical quality surveillance to examine variations in both the processes and outcomes of care. PROs share this data with hospitals and physicians and work cooperatively with them to interpret and apply findings. PROs continue to play an active role in investigating beneficiary complaints.

HCQIP gives PROs and HCFA a chance to demonstrate that heath care provided to Medicare beneficiaries can be measurably improved. HCQIP is based on the principle that PROs can do more to improve the quality and cos effectiveness of care by bringing typical care into line with best practices tha by inspecting to identify erred treatment in individual cases.

Key HCQIP objectives are to: monitor and improve quality of and access to care; build a community of those committed to improving quality; communicate with beneficiaries and providers of care to promote informed health choices; protect beneficiaries from poor care; and create supporting

1 of 2

5/8/97 4:37 PM

infrastructure to make these achievements possible.

PROs conduct a variety of activities to ensure effective communication with Medicare beneficiaries. These activities include: conducting consumer information campaigns to explain beneficiary rights and protections under Medicare; distributing informational materials developed by health organizations interested in quality of care and health promotion; maintaining toll-free beneficiary hotlines (or making provisions to accept collect calls) fo beneficiary inquiries or complaints; and sharing results of cooperative projects including health promotion and disease prevention activities.

PROs review complaints received from beneficiaries (or their representatives about the quality of care provided by inpatient hospitals, hospital outpatient departments and emergency rooms; skilled nursing facilities; home health agencies; ambulatory surgical centers; and certain health maintenance organizations.

Directory of Peer Review Organizations

### Clinical Data Abstraction Centers (CDACs)

HCFA contracts with two Clinical Data Abstraction Centers (CDACs) for the purpose of collecting clinical data from hospital medical records. These data are used by Medicare PROs and hospitals in carrying out clinical quality improvement projects. The CDACs have collected data from virtually every hospital and from approximately 500,000 medical records. There are currently 52 clinical projects being performed by Medicare PROs and hospitals that are using these clinical data.

The CDAC contracts began in August 1994 and are expected to continue unt August 1999. One contract was awarded to DynKePRO, Inc. and one to FMAS Corporation. DynKePRO is located in York, Pennsylvania and FMA is located in Columbia, Maryland.

Return to Ouality o	f Care Home Page		
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Last updated: April 15, 1997

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#### DEPARTMENT OF HEALTH & HUMAN SERVICES

**Public Health Service** 

Mitchell Max, M.D.
National Institutes of Health
National Institute of
Dental Research
Bethesda, Maryland 20892
Building: 10
Room: 3C-405
(301) 496-5483 x405
fax: (301) 402-4347
email: Mitchell_Max@nih.gov

Date:

May 15, 1997

From:

Mitchell Max

MM

To:

Rosemary Gibson, Robert Wood Johnson Foundation

Subject: June Dahl's proposal: Institutionalizing Pain Management

I am very impressed by the Dahl proposal and would strongly recommend that RWJ fund it. Dahl and her colleagues have evidently created the two opportunities they describe out of their previous work and their relationships with the JCAHO and with the PROs. I agree with the proposal's claim that this is a "rare opportunity to improve pain management in hospitals and other health care facilities throughout the US."

The key personnel described in the proposal, including Dahl, Ward, Gordon, and Weissman, have outstanding records of accomplishment and innovation in assessing and improving clinicians' pain control practices. I have watched Dahl and her colleagues since they started the Wisconsin Cancer Pain Initiative on a shoestring, and they have consistently generated value far greater than their funding.

Many of the steps described in the proposal are similar to those that they have undertaken with the Wisconsin Cancer Pain Initiative and related activities, and I would expect the plan to be quite feasible.

My only criticism of any note is that I would like a clearer description of how the group will assess whether the interventions made any difference. Health



May 13, 1997

Mitchell Max, MD Neurobiology and Anesthesiology Branch National Institutes of Health Building 10, Room 3c405 Bethesda, MD 20892-1258

Dear Dr. Max:

Thanks for agreeing to review June Dahl's proposal from the University of Wisconsin Medical School on making pain assessment and treatment an integral part of the nation's health care system. It would be great if you could forward your comments by Friday, May 23, 1997. Thank you.

Sincerely,

Rosemary Gibson

Sénior Program Officer

RG/jms

services researchers bewail the dearth of evidence that one can change clinicians' practices, and this project might be an important example for other areas of medical practice, if it can be rigorously shown that the intervention led to the improvement. With the JCAHO intervention, for example, is there any plan to have the JCAHO closely assess pain management in some regions and not in others? If putting something on JCAHO's agenda is a way to dramatically change practice, this should be demonstrated. Is pre- and post-data sufficient? Even if improvement occurs, some may say that "better pain treatment was just in the air in the U.S." Whether or not the proposers choose to do some type of controlled intervention, the pros and cons of various research techniques and the reason for the choice might be discussed.

The proposal is clearer regarding research strategy in the PRO part of the project. They just say openly that they don't know what outcomes they will use or what strategies they will study--this will be based on the results of ongoing studies. However, experimental design and target outcomes are not mentioned at all in the long-term care facility section of the proposal.

A minor point: I was not clear on the target population for the JCAHO survey. Somewhere in the proposal it says that proper pain management is important in chronic nonmalignant pain. Given the controversies about treatments in that vast range of disorders, how will treatments for chronic nonmalignant pain be specified?



May 13, 1997

Joanne Lynn, MD
Director
Center to Improve Care of the Dying
George Washington University
1001 22nd Street, NW, Suite 820
Washington, DC 20037

Dear Dr. Lynn:

Rosemary Gibson asked that I forward a copy of June Dahl's proposal from the University of Wisconsin Medical School on making pain assessment and treatment an integral part of the nation's health care system for your review. It would be greatly appreciated if you could forward your comments to Rosemary by Friday, May 23, 1997. Thank you.

Sincerely,

Jeanne M. Stives

Secretary to Rosemary Gibson

M Stives

#### ORTHOPEDICS TODAY

THOROFARE, NJ
MONTHLY 25,000
AUGUST 2000



-5114 txze., md...

# National standards set goals for pain assessment and management

The JCAHO and the VA medical system are among the first to commit to resolving the U.S. pain problem.

by Robert Trace 78353

ORTHOPEDICS TODAY contributing editor

LOS ANGELES – Efforts to improve the effective assessment, treatment and management of pain at the national level have entered the next evolutionary phase, as leaders from health care organizations nationwide met here last month to discuss the need for more aggressive responses to patients' pain.

In particular, the national summit provided participants with details about the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)'s new evidence-based pain management standards.

The commission's standards on pain management are the product of a two-year collaborative effort between the JCAHO and the University of Wisconsin–Madison Medical School, and is part of a project funded by the Robert Wood Johnson Foundation to make pain assessment and management a priority in the nation's health care system. The standards – which were also endorsed by the American Pain Society – create new expectations for the assessment and management of pain in accredited hospitals and clinics.

#### Pain: a co-existing condition

The standards acknowledge that pain is a condition that co-exists with a number of diseases and injuries, and which requires explicit attention. For example, a patient with breast cancer should be treated not only for the actual illness but also for any associated pain, said **Dennis S. O'Leary, MD**, JCAHO president.

The new Joint Commission pain management standards, along with examples of compliance, were included in the 2000-20001 accreditation/standards manuals. The pain standards will first be scored for compliance next year, and all accredited health care organizations, with the exception of laboratories, will be required to fully comply with the standards by January 2001, O'Leary said.

Last year, the Joint Commission sent copies of the proposed pain management standards to accredited health care organizations and facilities, a variety of professional groups and associations, consumer groups, and purchasers for review. Overall, the proposed standards were well received, achieving an average approval rating of 92%. Shortly thereafter, the JCA-HO's Board of Commissioners' Standards and Survey Procedures Committee approved the standards.

The first and perhaps most notewor-

thy standard states that every patient has a right to have pain assessed and managed appropriately. Other pain management standards apply to areas of assessment, care education, and performance improvement. Joint Commission surveyors are currently assessing facilities' compliance with the pain management standards through interviews with patients, families, and clinical staff. They are also reviewing policies, procedures, protocols and practices for effective pain management, as well as the clinical records of patients and educational materials for patients, families and staff for further evidence of an operational.

pain management program.

#### Pain standards welcomed

Pain management specialists are pleased to see the new standards implemented.

"These standards are putting the importance of pain management at center stage, ensuring that health care providers and professionals will take pain management in a serious way," said Russell Portenoy, MD, past president of the American Pain Society.

"The new set of Joint Commission standards is a huge enterprise, and potentially it can have a wonderful effect in our efforts to relieve pain,"

added Judith Paice, PhD, RN, a research professor of medicine at Northwestern University Medical School in Chicago. "If institutions are not able to meet these standards, they aren't able to get their accreditation through the JCAHO. That obviously has huge implications for billing and Medicare reimbursement."

She believes designating 2000 as the implementation year but waiting until next year to actually penalize institutions that don't provide evidence of their pain management efforts is fair. "In a way, this year is serving to help facilities and organizations ease into the process of meeting

#### **JOINT COMMISSION PAIN STANDARDS**

The new pain standards introduced this year by the Joint Commission on Accreditation of Healthcare Organizations call upon hospitals, home care agencies, nursing homes, behave health facilities; outpatient clinics, and health plans to:

- assess the existence and, if so, the nature and intensity of pain in all patients;
- record the results of the assessment in a way that facilitates regular reassessment a
  - follow-up;
    determine and assure staff competence in pain assessment and management, and
- address pain assessment and management in the orientation of all new staff;

  establish principles and procedures which support the appropriate prescription or of ing of effective pain medications;

  educate patients and their families about effective pain management; and address patient needs for symptom management in the discharge planning process

these standards," Paice said.

Perhaps most importantly, the new JCAHO pain management standards are broad in scope. "Not only do they cover hospitals, but they cover extended care facilities, outpatient clinics, mental health facilities, and various other care centers," she said. "They require that patients must be aware of their right to pain assessment, that we assess pain and document it on the clinical record, that we outline our pain treatment, and that we document our efforts to educate patients. Those are big steps forward.'

#### Few precedents

Prior to the introduction of these standards, the only other national guidelines health care providers could turn to in establishing a pain management program came from the Agency for Health Care Policy and Research now the Agency for Healthcare Research and Quality. "With those guidelines, however, there was little or no incentive for 'non-believers' to follow the guidelines," Paice said. "Now, whether or not you're a believer [in pain management], you have to follow the standards or face losing your JCAHO accreditation."

The JCAHO standards are not the only ones making a difference in the area of pain management. The launch of a comprehensive Veterans Health Administration (VHA) National Pain Management Strategy earlier this year - which centers on the concept of pain as the fifth vital sign - establishes routine assessment and documentation of pain as national policy through the veterans health care system. A national interdisciplinary committee has been established to oversee the development and implementation of the VHA National Pain Management Strategy, with the objectives of:

- providing a system-wide VHA standard of care for pain management that will reduce suffering from preventable pain;
- assuring that pain assessment is performed in a consistent manner;
- assuring that pain treatment is prompt and appropriate;
- making patients and families active participants in pain management;
- providing for continual monitoring and improvement in outcomes of pain treatment;
- providing for an interdisciplinary, multi-modal approach to pain management; and
- assuring that clinicians practicing in the VA health care system are adequately prepared to assess and man-

age pain effectively.

"We are seeing a greater emphasis throughout the national health care system to address the pain problem, although there is still a way to go," Paice said. "But at least it is good to see more organizations and providers acknowledge the fact that pain is a significant health care problem in the United States, and that they are now [more willing] to take steps to address it."

# Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 357 of 373. PageID #: 394566

DULUTH, MN BI-MONTHLY. SEP-OCT 1999

PERSPECTIVES



Ambulatory, Behavioral Health, Home Care, Hospital, Long Tlrm Care, Network, Pharmacy

# New standards to assess and manage pain

Health care professionals often treat pain as the "fifth" vital sign—as important as pulse, blood pressure, respiration rate, and temperature—when evaluating a patient's condition Recognizing pain as a major, yet largely avoidable public health problem, the Board of Commissioners has approved new pain assessment and management standards. The new standards, which have been endorsed by the American Pain Society, will be included in all accreditation manuals for organizations involved in the direct provision of care: ambulatory care, behavioral health care, home care, hospital, long term care, long term care pharmacy, and health care network organizations. Examples of compliance will clarify performance expectations in each of the seven accreditation programs.

Essentially, the standards require organizations to recognize the patient's right to appropriate pain assessment and management, identify patients with pain in initial

assessments and ongoing (as needed) reassessments, and educate patients and their families about pain management as appropriate. The standards and intents appear in different areas and forms in each manual Specifically, organizations will be required to:

the effective management of pain is a crucial component of good care.

Unrelieved pain has enormous physiological and psychological effects on patients."

"The Joint Commission believes

 recognize patients' right to assessment and management of pain,

- assess the nature and intensity of pain in all patients,
- establish safe medication prescription and ordering procedures,
- ensure staff competency and orient new staff in pain assessment and management,
- monitor patients postprocedurely and reassess patient problems appropriately,
- educate patients on the role of pain management in treatment,
- address patients' needs for symptom management in the discharge planning process, and
- collect data to monitor performance.

In spring 1998, the Joint Commission joined the University of Wisconsin in "Institutionalizing Pain Management," a project funded by the Robert Wood Johnson Foundation, to examine pain assessment and treatment practices in health care and to assess how well these issues could be addressed within Joint Commission standards.

The Joint Commission began working with a panel of pain experts to develop new and revised standards and intent statements addressing pain management. Significant input was gained from the Professional and Technical Advisory Committees, the Standards and Survey Procedures Committee, the Board of Commissioners, and a field review (which netted a 92% approval of the standards language).

Surveyors can assess compliance with these requirements through

- interviews with patients, families, and clinical staff;
- preview of policies, procedures, protocols, and practices for effective pain management;
- clinical records;
- [educational materials for patients, families, and staff;
- patient rights or other statements of the organization's commitment to effective pain management; and
- other evidence chosen by the organization to show compliance.

Through the survey process, the Joint Commission will collect information beginning January 2000 on which standards are problematic; what types of problems organizations are having with implementation.

and so forth. Based on the results of field engagement, a recommendation will be made next summer for appropriate scoring and capping of the standards for each accreditation program.

"Unrelieved pain has enormous physiological and psychological effects on patients," says Dennis S. O'Leary, MD, president of the Joint Commission "The Joint Commission believes the effective management of pain is a crucial component of good care"

For specific pain management standards for each manual, visit the Joint Commission's Web site at www.jcaho.org. Click on "Top Spots" at the top of the screen and then on "Pain Assessment and Management Standards." The standards for the long term care pharmacy will be published in the fall in the 2000-2002 Comprehensive Accreditation Manual for Long Term Care Pharmacies.

# New clinical practice guidelines stanuarus

Four new standards dealing with clinical practice guidelines will go into effect January 1, 2000, for the *Comprehensive Accreditation Manual for Hospitals (CAMH), 2000-2001 Comprehensive Accreditation Manual for Ambulatory Care (CAMAC),* and 1998-2000 Comprehensive Accreditation Manual for Health Care Networks (CAMHCN). The new standards require ambulatory care organizations and networks to use clinical practice guidelines and require hospitals to consider the use of guidelines. The Standards and Survey Procedures Committee of the Joint Commission's Board of Commissioners approved revisions to the introduction of the "Leadership" chapter and the new standards at its July meeting.

Clinical practice guidelines are in the literature under many names, including practice parameters, practice guidelines, patient care protocols, standards of practice, clinical pathways, care maps, and other descriptive names. Whatever they are called, evidence-based, authoritative guidelines encourage providers to better design and improve services and care provided in health care organizations.

How successfully an organization implements and uses clinical practice guidelines depends on its processes for reviewing, revising, and implementing the guidelines. The new standards in the three manuals provide basic criteria for organizations to use when considering, assessing, and using clinical practice guidelines. The new standards are numbered LD.1.10 through LD.1.10.3 in the *CAMHCN*.

#### Standards development

Approximately 3,500 copies of proposed standards for clinical practice guidelines were sent to health care organizations, professional groups and associations, surveyors, and members of the Joint Commission's Liaison Network. (The Liaison Network was established in 1992 to improve communications with health care professional groups. Today, over 215 professional organizations are involved in the Liaison Network and provide important input in developing Joint Commission services and products.)

The proposed standards were overwhelmingly well-received by all reviewers. The majority of respondents indicated that they currently use clinical practice guidelines Although most respondents said they use criteria developed by physicians and staff to select guidelines, they also said that the criteria are often not formalized or applied organizationwide. The leadership standards were revised to help organizations with these stumbling blocks in selecting clinical practice guidelines.

What do these new requirements entail? Basically, they ask clinicians to get involved and organizations to measure outcomes. The processes of reviewing, revising, and implementing guidelines should

- be multidisciplinary and include medical leaders and other providers;
- involve leaders from both governance (or management in hospitals) and clinical areas of the organization to ensure that appropriate clinical and financial resources are available for proper implementation;
- anticipate, capture, and analyze variance (which is essential to refining guidelines); and
- monitor processes and outcomes related to using clinical practice guidelines.

The introductory text and the standards for the *CAMHCN* appear as a perforated insert on pages 7 and 8 in this issue of *Perspectives*. Please place this insert in the *CAMHCN*. Changes for the *CAMH* will be included in Update 3 and 7 for the *CAMAC* in the manual being released this fall.

The standards will be capped at score 3 for the year 2000 for ambulatory care and network organizations and at score 2 for hospitals. If an organization does not meet requirements in the clinical practice guideline standards, the score will not aggregate to the decision grid greater than 3 or 2, respectively. The capping will provide protection to organizations that may be behind the general field in this regard. (For more information on capping, please consult your standards manual.)

Selecting clinical practice guidelines is a criteria-based process, and numerous guidelines applicable to a wide range of clinical services now exist. The National Guideline Clearinghouse (www.guideline.gov) includes evidence-based clinical practice guidelines and related abstracts, summaries, and comparison materials for health care professionals. The clearinghouse is sponsored by the Agency for Health Care Policy and Research in partnership with the American Medical Association and the American Association of Health Plans (see *Perspectives*, March/April 1999, p. 7)

For questions about the leadership standards for clinical practice guidelines, please call the Department of Standards at (630)792-5900

#### **ONCOLOGY ISSUES**

ROCKVILLE, MD
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# New JCAHO Standards Focus on Pain Management

by June L. Dahl, Ph.D.

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espite two decades of work by health professionals from all disciplines, the undertreatment of cancer pain remains a

major public health problem. At least half of persons with cancer do not receive adequate relief of their pain If real improvement in pain management is to occur, the basic principles of pain assessment and management must be incorporated into the patterns of daily practice, including documentation systems, policies, standaids, procedures, orientation, and continuing educational and quality improvement programs Many refer to this process as "institutionalizing pain management" "Institution," however, often conjures up negative images of sterile conciete structures But the process of institutionalizing pain management is not defined by walls or buildings, but rather by groups of health care providers organized to be proactive about pain management-to make assessment and management of pain a priority in their practice

Barners to the treatment of cancer pain have been well studied We know that health care professionals may lack the knowledge

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and skills to assess and ir anage pain appropriately. We know that patients and families may be reluctant to complain about their pain and may harbor fears and misconceptions about pain medicines, especially opioids. We know that laws and regulations governing the prescribing of opioids may lead physicians, fearing investigation by regulatory authorities, to hesitate in prescribing adequate amounts of opioids at appropriate dosing intervals. Much work has been done to identify regulatory barriers and create positive interactions between the pain and regulatory communities, although rauch more needs to be done.

Yet even with knowledgeable health care professional, informed patients, and rational drug regulations, it still may be difficult to improve from indiagement unless we address barriers in the health care system itself. There is no question that education about pain management is critical, but knowledge alone rarely changes practice.

Traditional patterns of practice may create the most formidable barriers. The failure to routinely assess and document pain, the lack of access to practical treatment protocols, and the view that pain is an expected and relatively insignificant symptom continue to impede change. As Mitchell Max pointed out, pain is not a visible lesion 1 Since we have no instrument to measure pain intensity (there is no "pain o' meter," if you will), the only valid measure of pain is the patient's self-report. We have all overheard colleagues stating, "She doesn't *look* like sl.e's in pain." Failure to conduct thorough pain assessments may lead to erroneous conclusions about the presence and impact of pain

#### **JCAHO TAKES ON PAIN**

In September 1996 I participated in a practice change workgroup at a pain summit sponsored by the American Cancer Society, the Oncology Nursing Society, and the American Alliance of Cancer Pain Initiatives. Lively and intense discussion took place about the difficult task of changing clinical behaviors. I came away from that meeting sensing the futility of a pain management program focused solely on education and advocacy

We all recognize that there is a critical need to promote change in the health care system One way to do just that is to incorporate pain in the standards used to assess the performance of the nation's health care facilities. I initiated a dialogue with the Joint Commission on Accreditation of Healthcare
Organizations (JCAHO) during the fall of 1996 and winter of 1997 The Joint Commission accredits 80 percent of the nation's hospitals, with 98 percent of licensed beds; thus revised standards should be extremely powerful in influencing institutional accountability in regard to pain management practices. I began a search for financial support to examine the feasibility of revising their accreditation standards. The Board of Directors of the American Pain Society was a strong ally in these efforts

In August 1997 the Wisconsin Pain Initiative received a three-year grant from the Robert Wood Johnson Foundation to make pain assessment and management an integral part of the nation's health care system. A major goal of that project was to integrate pain assessment and management into the standards, intent statements, scoring guidelines, and survey process questions of the Joint Commission. Such new standards would require

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Oncology Issues September/October 1999

27

health care facilities to address the barriers in their practice settings to ensure that all patients receive effective management of their pain.

Revision of the standards seemed daunting, but with tremendous cooperation and collaboration from key members of the Department of Standards of the Joint Commission, the goal was accomplished. The proposed standards were reviewed by a variety of standing committees of the Joint Commission and also sent out for field review. We were gratified that the proposed standards were well received, with an average approval rating of 92 percent. The new standaids received final approval from the Board of Commissioners of the Joint Commission on July 31, 1999, and will appear in the 2000-2001 accreditation manuals published this fall. (The standards will be first scored for compliance in 2001.)

These standards call upon hospitals, home care agencies, long-term care facilities, behavioral health facilities, outpatient clinics, and health plans to.

- recognize the right of patients to appropriate pain assessment and management
- assess pain in all patients
- record the results of the assessment in a way that facilitates regular reassessment and follow-up
- educate relevant providers in pain assessment and management
- determine competency in pain assessment and management during the orientation of all new clinical staff
- establish policies and procedures that support appropriate prescription(s) and/or medication orders
- assure that pain does not interfere

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about the importance of effective

pain management

include the need for symptom

management in the discharge planning process

collect data to monitor the appropriateness and effectiveness of pain management

During the next year we will be working with the Joint Commission's Department of Education Programs to familiarize accredited health care organizations and health care professionals from all disciplines with the new pain standards and help them assess their readings to conform The new standards are posted on the Joint Commission's web site at www.jcaho.org.

The Wisconsin Cancer Pain Initiative has developed a manual entitled Making Pain an Institutional Priority to assist health care facilities in improving pain management practices. The manual outlines a process for institutional change, and contains sample resource tools that can be adapted for individual care settings. Ordering information is available at www.aacpi.org.

Pain has no redeeming virtues and patients with cancer should expect, and indeed demand, adequate relief.

#### REFERENCE

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Oncology Issues September/October 1999

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## BUSINESS/MANAGEMENT

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## R.Ph.s think JCAHO standards on pain control are good start

ome hospitals chafe at the burden of complying with Joint Commission on Accreditation of Healthcare Organization standards. Now, the accrediting body is requiring new standards-and hospitals are endorsing the change

As part of a new JCAHO initiative, hospitals, home care agencies, nursing homes, behavioral-health facilities, outpatient clinics, and health plans will be called upon to meet standards that deal with pain man-

The new standards, which have been endorsed by the American Pain Society, explicitly acknowledge that pain is a coexisting condition with a number of diseases and injuries and requires specific attention For example, a patient with breast cancer should effectively be treated not only for the actual illness but also for any associated pain.

"Unrelieved pain has enormous physiological and psychological effects on patients Research clearly shows that it can slow recovery, create burdens for patients and their families, and increase costs to health-care systems," said Dennis S. O'Leary, MD, president, JCAHO.

The introduction of the standards is the result of a two-year collabora-tive effort between JCAHO and the University of Wisconsin-Madison Medical School. The effort was part of a project funded by the Robert Wood Johnson Foundation to make pain assessment and management a priority in the nation's health-care

The new pain-management standards-along with examples of compliance—are being included in the 2000-2001 standards manual for the affected JCAHO accreditation programs. The standards will first be scored for compliance in 2001.

How do practitioners feel about these new pain-management standards? Jonathan Wolfe, Ph.D., asso-

ciate professor, pharmacy practice, University of Arkansas College of Pharmacy, asserted they are a step in the right direction in creating awareness of pain management. "If patients are educated about good pain treatment and come to expect and demand it, I suspect that they will create their own revolution in how their pain is treated," he said.

Anna Ratka, Ph.D., R.Ph., associate professor of pharmacy, Idaho College of Pharmacy, and president of the Idaho Coalition for Cancer Pain Relief, agreed that the new JCAHO standards may revolutionize pain management. "One of the

that patients have constant exposure to this information, Ratka said

To help hospitals get ready for the new standards, JCAHO is developing educational videos, preparing presentations for national and regional conferences, and putting together educational seminars for accredited organizations. Mid-year 2000, JCAHO will assess the ability of accredited organizations to comply with the standards.

Overall, experts agree that these guidelines are a step in the right direction and may even improve the relationship between patients and the health-care system. "As a poten-

#### Addressing pain

CAHO's new pain-management guidelines will call upon hospitals, home Care agencies, behavioral-health facilities, outpatient clinics, and health plans to:

- Recognize the right of patients to appropriate assessment and management of pain 不放:
- Assess the existence and, if so, the nature and intensity of pain in all patients
- · Record the results of the assessment in a way that facilitates regular reassessment and follow-up
- Determine and assure staff competency in pain assessment and management and address pain assessment and management in the one nation of all new staff
- Establish policies and procedures that support the appropriate prescription or ordering of effective pain medications
- Educate patients and their families about effective pain management
- Address patient needs for symptom management in the discharge planning process

JCAHO requirements is that the patient, on admission, receive printed information about the right to have proper pain relief. Once you make this information available to patients, they will insist on-or at least be aware that they can ask for-the information." In fact, one hospital in Idaho is going to have the patient's rights regarding pain management posted in every room so

tial patient, I would prefer to be asked about my pain and how successfully my pain is being treated," stated Wolfe. "I would be very favorable toward any institution that was making certain my pain was documented, believing my report of pain, and taking action regarding my pain." (See related story on pain management, page 16.)

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# Relieving the agony of the new pain management standards

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#### **Abstract**

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has issued new standards for pain assessment in accredited hospitals and other health care settings, including hospice and home care. Under the new pain management standards, health care facilities will be called upon to recognize the right of patients to appropriate assessment and management of pain; to assess the existence of pain, its nature, and intensity; to record the results of the assessment in a way that facilitates regular reassessment and follow-up, to determine and ensure staff competency in pain assessment and management, and to address pain assessment and management in the orientation of all new staff; to establish policies and procedures that support the appropriate prescription or ordering of effective pain

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Phyllis J Miller, MS, RN, FHCE, President, Phyllis Miller & Associates, Arlington, Virginia Patricia A Mathews, RN, MA, FHCE, President, Mathews Associates, Chambersburg, Pennsylvania medications; to educate patients and their families about effective pain management; and to address patient needs for symptom management in the discharge planning process. Many health care organizations are reporting confusion and lack of understanding about the scope of the new standards. To address this issue, this article summarizes the new pain management standards This article is based on a three-part series published in the Journal of Healthcare Safety, Compliance & Infection Control (January, March, and April 2000).

#### Introduction

In its efforts to have all health care organizations "share in the pain," the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) announced in August 1999 that it has developed new standards for the assessment and management of pain in JCAHO-accredited hospitals and other health care settings, including hospice and home care agencies. (Refer to Figure 1 for summary of JCAHO pain management standards.) These new standards are the product of a two-year collaborative effort between the JCAHO and the University

of Wisconsin-Madison Medical School and were part of a project funded by the Robert Wood Johnson Foundation to make pain assessment and management a priority in the health care of our nation.

While organizations will not be scored for compliance with these new standards until 2001, the JCAHO has begun to assess the ability of accredited organizations to comply with the pain management standards and put in place a plan for full or phased implementation by mid-year 2000. With the unveiling of these new standards, many organizations are already confused and lacking in understanding about the scope of the new standards Many are also finding the process of coming into compliance with these standards a painful one!

The new pain management standards for the various accreditation manuals are all similar in content; however, the cited examples for implementation are targeted to reflect the scope and practice of the health care organization, e.g., hospital, home care, or behavioral health.² For the purposes of narrowing the scope of this article, we will focus on understanding the general content of the new pain management standards as well as documentation and patient

education. We identify strategies to employ in completing a comprehensive pain assessment, possible barriers to the process, and tools to use in the documentation of pain assessment. Furthermore, this information will assist organizations in meeting the new JCAHO standard that requires education of health care practitioners in the areas of pain assessment and management.

#### Overview

With the shift in the past few decades toward greater patient involvement in treatment planning and care, patients have begun to demand and expect better management of their pain level. This expectation is fueled by the constant barrage of media advertisements for medications, alternative therapies, and every type of mattress and comfort shoe imaginable, all aimed at making the buyer "pain free." Frustrated by their lack of satisfaction with how health care practitioners are managing their pain, patients are taking over where we have left off. Lack of patient satisfaction with pain management, coupled with poor clinical outcomes related to meffective pain management, have targeted effective pain management as a major area for performance improvement for health care practitioners. A logical place to begin this progress is with the assessment component of the pain management process.

#### **Definition of assessment**

Assessment is a transpersonal relationship, a sharing exchange between caregiver and patient. The patient trades knowledge or information for high-quality patient care. The health care practitioner is unable to design a plan of care specific to the needs of the patient without assessment information. In using the assessment process to identify problems and past interventions, both

useful and not, the clinician provides the structure for the exchange.

Assessment is an essential step in providing adequate pain relief. It is conducted initially, and regularly throughout the patient's treatment or illness trajectory.

A comprehensive pain assessment is essential in identifying interventions appropriate for the individual patient at each specific episode of pain. Prior to designing or implementing an intervention for a patient's symptom or problem, the health care practitioner must be able to assess for the problem. Assessing for pain includes collecting both subjective and objective data. Initial, rapid assessment of the patient in pain should include the type, severity (or intensity), onset, duration, location, and previous history of the pain. (See Figure 2.)

A health care professional's personal or cultural biases about pain and pain relief can negatively impact a pain assessment. The biases may prevent a health care practitioner from viewing the patient's expression of the pain as valid or meriting intervention.

#### Obtaining a pain history

After conducting a rapid pain assessment, the next step is to complete a comprehensive pain history by interviewing the patient and collecting a subjective history of the pain. Employ the strategies described later in this article to obtain an accurate pain history—ask open-ended questions about the type, location, severity, and nature of the pain.

#### Description

Listen carefully to the descriptors offered by the patient. His or her

description of the pain may indicate the source or type of pain. One excellent example is the burning, hot feeling described by the patient suffering from herpetic shingles. This type of pain results from the inflammation of the nerve along which the herpes lesion is growing. Nerve pain, or neuroleptic pain, is commonly described by using words like hot, burning, searing, or scalding. The competent pain historian responds to these clues when designing interventions. In this instance, the differentiation of pain symptoms is underscored, as neuroleptic pain does not usually respond to narcotics, making them a poor choice for relief with this type of pain

#### Location

Location of the pain should be as specific as the patient can describe. Avoid broad descriptive terms such as "stomach ache." Determine where the pain originates, and if it radiates to other areas of the body. If pain is present in more than one area of the body, does the patient relate the pains, or feel they are separate occurrences? Investigate what exacerbates or diminishes the pain. Do activities such as change in position, eating, or emptying the bladder provide any relief? What, if any, measures has the patient tried for pain relief? Have they been successful?

#### Duration

Determine how long the patient has been in pain. Is it a recent occurrence, or the intensification of a chronic condition? While assessing duration, ask about the consistency of the pain. Find out whether it is constant and unremitting, or intermittent in nature. If the pain is intermittent, ask whether there is a cyclic quality, or if it recurs with some identified stimulus. Does the pain occur at certain times of the day or night? Does it cause the patient to awake from sleep?

#### Severity

The patient will be asked to describe the severity of the pain. At this point in the history, a pain scale is useful for rating the severity. Qualifiers at the top and bottom of the scale are essential, such as "0 is no pain at all. 10 is the worst pain you could ever imagine." Now the patient is able to rate his or her pain on the scale of 1 to 10 with parameters that are clear to both patient and health care provider. A variety of imaginative scales or scoring mechanisms are available for use in assessing severity. A linear analogue or visual analogue scale is the simplest of these scales. The analogue scale utilizes a line with a sharply determined beginning and end, with the initial and terminal parameters identified. The patient then indicates where along the linear scale he or she rates the severity of the pain. Addition of numbers at regular intervals along the linear scale, again with determined parameters at beginning and end, is a numeric pain scale. Values of 0-10 or 1-10 are commonly used. Standardization of the linear and numerical scales along a 10-cm line is recommended by the Department of Health and Human Services (HHS) acute pain management panel.3 Standard scales provide the opportunity for enhanced communication about the pain.

A descriptive scaling of pain is another option for assessing severity. Choosing and ranking words to describe pain in order of severity (such as no pain, mild discomfort, painful, terribly painful, and unbearable pain) and repeating them to the patient, or presenting them in written form, will help the patient to describe severity. By adding the descriptors to a simple visual analogue, a potentially more accurate pain scale is produced. Using the standard 10-cm baseline, possibly with regularly spaced marked intervals, each labeled with a descriptive word, will result in a more useful tool

for both assessment and communication of pain. When choosing verbal descriptors, be careful to rank severity, and not types of painful sensations; it would be inappropriate to group words such as *dull*, *cramping*, *throbbing*, or *searing* as ranked descriptors.

Standard scales for description of pain severity enhance communication, validate successive interventions, and provide more reliable evaluation of relief methods. Standard scales help us all to speak the same language about the pain. The use of these scales also aids in comparing pain from one instance to another, or even one individual to mother. This, gives us a basis for research-based practice.

A variety of other visual pain scales have been developed for use in assessment. Some include the use of color, either in discreet blocks or shading. These may be combined with descriptive words or numeric ranking. It is important to note that color may be interpreted differently by different cultures. Color may also be more expensive to duplicate when copying the scale for use by other health professionals. Line drawings or cartoons of simple facial expressions, ranging from happy through grimacing, are useful with children and nonverbal patient populations.

#### Associated symptoms

Assess for other symptoms that accompany the pain. These may include dizziness, photosensitivity, a sensation of light-headedness or feeling faint, nausea, diaphoresis, flushing or pallor, incontinence, weakness, loss of balance, redness, swelling, or warmth. Also assess for co-morbidities—health problems that may change perception of pain or impact on the choice of interventions.

#### Impact on daily activities

In assessing the nature of the pain,

ask what impact it has on the patient. How does the pain affect mood, habits, or ability to participate in activities of daily living? Ask if it impacts sleep or rest, eating, mobility, or sexuality. Has the pain affected family dynamics or function in the workplace? What is the value of the pain, and what does the patient suspect to be the cause?

Finally, ask the patient to describe his or her history of pain. Has he or she ever had pain like this before? What relieved the pain? What are the patient's other experiences with pain and pain relief, especially medications? Identify allergies or sensitivities to medications, and current use of prescribed medications or other drugs. At the conclusion of a thorough pain history, the health care provider should verify the information with the patient to avoid misunderstandings or incomplete data.

#### Physical assessment

The physical assessment for pain involves identification of objective signs of pain. Although pain is primarily subjective, objective manifestations can be of assistance, especially when evaluating interventions for relief. A rapid head-to-toe assessment can identify contributing factors as well as barriers to assessment.

A physical examination is done in addition to a pain history, not as a replacement for it. A patient's self-reported pain history reveals subjective symptoms. A physical examination a subjective phenomenon.

Vital signs may indicate a painful state, usually with an increase in heart rate, respiration, and an elevation in blood pressure. However, in some patients, blood pressure may decrease with severe pain. State of consciousness and affect may vary with severe

Hospitals, home care agencies, nursing homes, behavioral health facilities, outpatient clinics, and health plans will be called upon to do the following:

- Recognize the right of patients to appropriate assessment and management of pain;
- Assess the existence of pain and, if so, its nature and intensity in all patients;
- Record the results of the assessment in a way that facilitates regular reassessment and follow-up;
- Determine and ensure staff competency in pain assessment and management, and address pain assessment and management in the orientation of all new staff.
- Establish policies and procedures that support the appropriate prescription or ordering of effective pain medications;
- Educate patients and their families about effective pain management; and
- Address patient needs for symptom management in the discharge planning process.

Figure 1. Summary of JCAHO pain management standards.

pain—agitation is often associated with acute pain, while a flattened affect or withdrawal may be associated with chronic pain. Physical assessment of the painful area should include evaluation for redness, swelling,

heat or cold, and masses, as well as a functional assessment. Functional assessment should include sensation and movement of an affected extremity, bowel sounds in the painful abdomen, or heart and breath sounds in the case of chest pain. Physical assessment should progress from inspection through auscultation, then percussion (when these are indicated) to palpation. Percussion and palpation may exacerbate the patient's pain. Ask the patient to demonstrate positions or movements which increase or relieve the pain. Throughout the physical assessment, provide privacy and comfort.

The örder of techniques in physical assessment are

- · visual inspection
- auscultation
- · percussion
- palpation

# Strategies for structuring and streamlining the pain assessment process

Completing a comprehensive pain assessment can be time-consuming and tiring for patients, particularly those actually experiencing pain and other related symptoms at the time of the assessment. A variety of assessment and documentation strategies are useful in streamlining the task of assessing the patient in pain.⁴

#### Privacy

Privacy is fundamental to the pain assessment process. Much of the information revealed during assessment is of a personal nature, not easily shared under uncomfortable circumstances. A location conducive to patient privacy should be available to conduct assessment activities. In addition to protecting the patient and maintaining confidentiality from strangers, it is a matter of clinician judgment whether to exclude

the significant other from all or part of the assessment process. For many patients, the presence of a spouse or parent is a comfort, but in other instances the nature of the information to be shared is confidential. Patients may choose to protect family members from the knowledge of how severe the pain is. Methods of pain relief may also be confidential. Without privacy, the facts of the patient's pain may not be fully disclosed.

In another instance, the significant other may attempt to answer all assessment questions for the patient. In this situation, only the significant other's perception of the patient's pain is assessed. Pain is a subjective experience. Assessment should primarily include the *patient's* perspective. Use of the significant other's input in addition to thorough patient assessment may be a useful adjunct.

Imaginative strategies must sometimes be used to convince a significant other to leave the room during an assessment. Sending them on an important errand, such as retrieving old medical records+or-X-rays-from another location is one possibility. Giving them permission to indulge themselves ("Go get some coffee and relax for a while. Have you eaten dinner yet? You must be hungry.") is another option. The patient himself may be reluctant to ask a family member to leave. You might also ask her to step outside while you perform some sort of procedure, while continuing your assessment. Most family members are comfortable with leaving the patient if a medical or nursing task must be done.

#### Environment

When a patient is physically uncomfortable with his or her surroundings, assessment may also be hindered. The environment where an assessment is conducted should be clean, well lighted, and relatively free of distractions. A

A rapid pain assessment includes

Type

Severity

Location

Onset

Duration

Previous history of pain

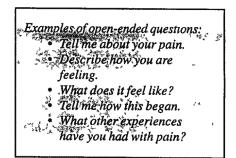
Figure 2. Rapid pain assessment.

chair may be more comfortable than an exam table for some patients. The temperature of the area should be warm enough for the patient, who is only partially clothed, or a blanket should be provided. Make an attempt to minimize interruptions. When the clinician is forced to respond to multiple requests or tasks during the assessment, important information may be missed. It is also important to maintain control of the interview, primarily restricting the discussion to the desired area of information. Many patients, especially the elderly or isolated patient, regard the assessment interview as an opportunity to visit or socialize. Assessment is essential to providing patient care. By minimizing distractions, interruptions, and extraneous information, the process will take less time and be more productive.

#### Framework

As in many patient interactions, remember to ask open-ended questions during the pain assessment, allowing the patient freedom to respond. This practice will enhance the shared information and prevent caregiver biases from obscuring patient data. Incorporation

of a framework into the assessment process assists in obtaining data and identifying missing elements. Two examples of assessment frameworks commonly used by health care practitioners include head-to-toe assessment and functional health patterns. Choice of a framework should reflect the clinician's personal comfort and knowledge, as well as the structure of the required documentation.



#### Therapeutic presence

While conducting a pain assessment, it is important to utilize therapeutic presence-projecting an air of caring concern. Patients will not share information with a professional whom they perceive to be disinterested or distracted. Body language is one component of this presence. During the interview, appear receptive; hands still and visible, dress and posture professional. Resist the temptation to cross your arms or fidget. If possible, sit at the same level as the patient; it can be uncomfortable or intimidating for patients to have the clinician looming over them. Maintain eye contact when it is culturally appropriate. Speak in a clear, calm tone, loud enough to be heard. Use language and terms that are easily understood by the patient. Attempt to verify the patient's understanding of the questions asked.

#### Barriers to assessment

Pain

Just as inadequate assessment is a

barrier to pain management, there are many barriers inherent to the assessment process itself. Pain is one of the primary barriers. The patient suffering from pain has a shortened attention span and may not communicate clearly. Pain becomes the focus beyond which the patient cannot comprehend. In such an instance, pain becomes an obstacle to efforts for relief.

#### Mental status

The mental status of the patient is another barrier, which may or not be pain mediated. Anxiety reduces comprehension, memory, and the ability to communicate. A patient in pain may experience significant anxiety as a byproduct of the pain itself or in relation to hospitalization, treatment, diagnostic procedures, role difficulties, or a variety of factors that are totally irrelevant to his or her state of health. Addressing the patient's state of anxiety and possible causes may be necessary prior to commencing the process of pain assessment. If this is not possible, several steps can be taken to accommodate the anxious state: (1) make a particular effort to speak slowly and clearly, frequently validating the patient's understanding of your questions; (2) pay special attention to the environment, providing a quiet, nonthreatening atmosphere; (3) vary activities, such as verbal questions, physical assessment, and a written questionnaire, to accommodate the shortened attention span; and (4) most importantly, acknowledge the patient's anxiety. Severe anxiety may necessitate using an alternative history source, such as the patient's significant other or medical record.

#### Confusion

Confusion may also interfere with assessment activities. It may be the result of a physiological condition, such as hypoxia, blood loss, low blood

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Source	Competency	Criteria	T L4iam
Source	statement	Criteria	Evaluation
JCAHO pain management standards and agency policies and procedures	Employee will provide for effective relief of a client's pain	Provides for privacy and builds rapport with client.  Asks open-ended questions  Assesses and reassesses client per agency policy for pain, giving particular notice to:  • type, • intensity, • onset and duration, • location of pain  Also assesses for:  • history of pain, • what they have done for relief and its effectiveness, • impact of daily routine.  Provides pain relief measures with attention to the client's response to such measures.  Documents concisely but thoroughly, including effectiveness of pain relief measures employed and the patient's response.  Teaches client/family, including the following:  • the nature and cause of the pain, • effective treatment, • alternative therapies and treatments  Assesses pain management needs of client upon dischange	Simulation of a patient in pain during orientation classroom session, followed by actual observation of assessment in clinical area

Figure 3. Initial competency assessment.

pressure, hypoglycemia, other electrolyte imbalances, medication ingestion, psychological disorders, or central nervous system disease. Other factors implicated in confusion include changes in diet and nutritional status, changes in environment and routine, trauma, and age. The elderly and very young are more apt to become confused when removed from familiar environment, routine, and caregivers. Identifying the factors related to confusion and attempting correction when possible (such as administration of oxygen, for example) may allow for a more comprehensive pain assessment.

#### Physical status

The patient's physical condition, in addition to pain, may impede conducting a pain assessment. The patient may be severely hard of hearing, comatose, or unable to communicate.

#### Time

Time is another common barrier to comprehensive assessment, both because the patient may not be physically present or available for prolonged periods, or because of the multiple demands placed on the health care practitioner's time. Organizational skills and realistic ordering of priorities may help to resolve the problem of inadequate time. Pain assessment is not a luxury; it is essential in order to provide comprehensive, excellent patient care.

#### Emotional status

Hopelessness or powerlessness can have a major impact on the patient's participation in the assessment process. If he perceives that nothing can be done to relieve his pain, or that he is unable to be personally productive in activities to provide pain relief, participation in the pain assessment will be minimal. Listening to the patient and

assessing for flattened affect, reluctance to participate, or a history of conflict with health care providers will indicate clues to hopelessness or powerlessness.

#### Cultural issues

Language and culture are two other potential barriers to pain assessment. Culture dictates the value and meaning of the pain experience, as well as the conditions around disclosure. In some Asian cultures, pain is experienced stoically, neither complained about, nor even described. In other cultures, pain is expected and sometimes loudly vocalized. One example of this is during the process of child-birth, where many cultures encourage the mother to proclaim her discomfort loudly; it is part of the ritual of giving birth.

Culture dictates the value, meaning, and demonstration of pain. It may also impede communication about pain, either from the patient's cultural perspective or the health care professional's cultural biases.

Language, as a cultural barrier to assessment, is problematic when an appropriate interpreter is unavailable. It is important to note that many patients who speak English as a second language are better able to communicate in their primary language during periods of intense stress or discomfort. If at all possible, family members should not be used as interpreters in order to maintain patient confidentiality and ensure the gathering of factual information Language may also inhibit the assessment process when the patient or health care provider do not understand each other because of the use of medical jargon, street vernacular, or slang. The health care practitioner should use terms familiar to the patient and frequently validate understanding.

#### Respect and caring

Depersonalization occurs when the patient perceives the message that he is not valued or respected as a person, and that what he is communicating about his pain is not heard or used in planning his care. This may be a direct result of fear or distrust of the health care system or providers, or may be related to the attitude or actions of the health care provider. The immersion of a patient in the "sick role" also contributes to this depersonalization. Inherent in the role of an ill individual is relinquishment of activities and responsibilities; it should include efforts to return to a state of health. Minimizing the importance of a patient's input, treating him like a child, and reducing his ability or opportunity to make realistic decisions concerning his care additionally contributes to a sense of depersonalization.

#### Patient history

Finally, access to a competent historian may inhibit pain assessment. Consider and document whether the history is given by the patient himself, including his level of orientation, or if the source is another individual, whose perception of the pain experiences is objective rather than subjective.

#### An example for implementation

What might an initial assessment of a health care worker's competency assessment for pain management look like? Figure 3 gives an example of the assessment of a health care workers' initial competency.⁵

Additional competency statements for more advanced practice may include further psychosocial intervention, the use of alternative treatment modalities, and the clinical judgment of distinguishing between their effectiveness and interventions in the cultural aspects of pain management and age-appropriate care.

#### The process of patient education

Patient education can be described in five steps: assessment, planning, implementation, evaluation, and documentation. Since patient education is not a linear process, caregivers will often need to go back to previous steps and will definitely need to reassess the patient frequently.

#### Assessment

The first step in education for patients with pain is assessment, which provides essential information about the patient and his or her support network. The ultimate success of patient education depends on how well the caregiver determines the patient's needs, concerns, pain status, and preferences for methods of pain relief. The patient's pain status is a subjective matter, so that initial assessment often needs to be quite lengthy and should be primarily from the patient's perspective. Family input may be obtained, but is secondary to the patient's stated comments. The patient's pain status may often change due to such factors as fear, change in condition or disease status, anxiety, level of activity, instructions given, and knowledge of the process. Pain assessments should therefore be done and documented frequently, and patient education interventions should be re-evaluated to correspond with the patient's new needs and concerns.

Intensity of pain is one of the most important parameters in designing appropriate patient education. Patients should be made familiar with the use of a pain scale to help caregivers assess pain levels. Several excellent pain scales have already been discussed.

#### Planning

Once the caregiver becomes aware of the patient's needs, values, abilities, and readiness to learn through a complete

assessment, the planning stage begins. An effective patient education plan includes two types of information (1) what the patient needs to know based on the assessment and (2) the patient's concerns. To identify the common ground between needs and concerns is critical to creating a plan. The plan must include measurable evidence of learning outcomes. By planning to address needs for pain relief coupled with planning for the patient's potential concerns about timely relief, possible drug dependence or addiction, alternative pain control methods, and other issues, caregivers can increase the chances for an effective patient education outcome. In patients with pain, time is of the essence. Teaching the patient how to obtain effective pain relief likely is the most important goal of the patient education plan. In this case, priority should be given to planning for building the patient's skills in understanding pain, self-assessment and reporting of pain description and intensity, and reporting change in pain status.

Continued assessment of the patient and plan revision will be necessary for effective teaching about pain control. The pain management log can provide information in this regard. Some organizations use a similar log as a permanent part of the patient's record.

#### Implementation

Following initial assessment and development of a plan to educate the patient and family about pain and its management, patients must be provided with information. Essential elements in implementation about pain control include informing patients of

- What they should do and why;
- When they should expect results;
- What to watch for as possible danger signs or side effects;

- What to do if problems arise; and
- Who to contact for information or assistance.

The caregiver needs to continue to build rapport and trust with the patient. A good learning environment must be provided for teaching to be successful. Tone of voice and eye contact are important, and should be appropriate to the assessed needs of the patient. Be sure that noise is reasonably controlled and patient privacy is respected. Even in an optimal environment, patients may not recall instructions. In a Medscape forum on pain management, nurses, doctors, and physiotherapists shared their personal experiences as well as those of patients in their care. Many identified times that the health care system failed to meet their needs for optimal pain control.3

The JCAHO standards require that the patient be taught that pain management is an integral part of care. Patients must therefore be taught to report pain symptoms by using one of the previously discussed pain scales, so that caregivers can provide appropriate pain relief measures.

There are many ways to share information on pain control with patients. While giving educational materials alone does not constitute acceptable patient education, good materials almost always complement the process. Even if the patient's literacy level was assessed earlier, the caregiver may not have a real sense of the patient's reading ability until the implementation stage. It may be necessary to utilize pictures, simple flash cards, and physical demonstrations and to enlist family to help the patient understand instructions. Printed material may be obtained from commercial sources, pharmaceutical companies, voluntary agencies such as the American Cancer Society, or may be developed internally. If outside materials are used, they must be assessed for readability and accuracy and content that is acceptable to the organization. Many organizations utilize a patient education committee to review and approve materials.

Existing JCAHO standards require that patients be taught the correct way to take medications and also be provided with information about potential food and drug interactions specific to the illness of condition. The caregiver must continue this teaching, while adding the additional information specific to pain management.

#### Alternatives to medication

Complementary therapies are becoming more popular among consumers. During 1990, 34 percent of Americans used at least one alternative therapy, and that number appears to be increasing. While consumers are embracing complementary therapies, many health care professionals are reluctant to endorse their use. Although medication therapy has been the accepted treatment for most pain, complementary therapies can be used to reduce pain as well as anxiety.

Using complementary therapies in combination with medications is becoming more popular in ambulatory care units as pain is a major reason that patients have extended ambulatory surgery stays or require admission. At the Massachusetts General Hospital same-day surgical unit, complementary therapies have been so well received by patients that one nurse a day is assigned to give therapeutic touch to inpatients who request it.

#### **Evaluation**

If the previous steps in the patient education process have been performed well, the patient should now be able to describe the nature and intensity of his or her pain by effectively using a pain scale, to keep a pain log or describe responses to pain treatment, and to describe the role of pain management in

his or her overall treatment. He or she should also be able to recognize problems or side effects and know whom to call when he or she has concerns or problems. The caregiver should be appropriately monitoring and reassessing the patient's knowledge. Evaluation of pain status (assessment of the intervention) is part of the management of the patient, but is different from evaluation of the patient education process. Outcome evaluation of patient education (assessment of results of the education) is conducted by referring back to the plan and determining whether the patient can meet the stated goals.

#### **Documentation**

If the patient's education is not entered into the patient's record, the assumption is that it did not happen. JCAHO standards stress a multidisciplinary approach to patient education, and, in fact, many caregivers may have a part in teaching the patient about pain management. Documentation must promote multidisciplinary communication and reflect consistency in implementing the plan. Some organizations utilize checklists, flow sheets, pain scales, and pain logs as part of the documentation. Organizations that use critical pathways will need to be sure that pain control is part of the pathway.

While standardized forms are easy to fill out and read, comprehensive documentation of the patient's understanding of pain management and his or her own response to methods of pain control may require a narrative description. Some details may need to be described in greater detail than a standardized form allows. Documentation should include assessment information, the actual steps in the educational plan, such as "demonstrates correct use of the pain log," and a mechanism for noting whom did the teaching and whom received the education (patient or

support person). The response or evaluation of the learning must also be documented. Flow sheets make it easier for all members of the care team to see at a glance which parts of the plan have already been covered.

Flow sheets have also been developed for use in assessing pain, incorporating multiple assessments as well as space to document intervention and evaluation. The severity may be documented as a number value, if using a standard scale, or a linear or visual analogue may be displayed and marked at each pain assessment. Some facilities include an anatomical drawing, front and back, so that the location of the pain can be drawn or indicated. Medications used for pain control should be documented, including the dosage, route of administration, duration of use, side effects experienced, and the patient's view of efficacy. Interventions that are not effective should be discarded.

In addition, consideration should be given to having the patient sign the teaching flow sheet or another document outlining the education he or she received. This can provide another opportunity to review key information, evaluate the patient's understanding, and document the teaching.

#### Conclusion

Documentation is the final step in a comprehensive pain assessment. It is an important step in communication among the health care team, so that the information can be used in planning interventions for relief of pain as well as diagnosing its cause. Additionally, the new JCAHO standards require that health care practitioners record the results of the pain assessment process in a manner that facilitates regular reassessment and follow-up. Excellent documentation of pain assessment allows the practitioner to evaluate relief measures as well as improvement

or decline in the patient's condition. An initial pain assessment may be quite lengthy. It can be documented as a narrative note; however, a common framework should be used. It may consist of the assessment framework, such as the head-to-toe method, or an independent framework, incorporating all aspects of the assessment process. It must include type, severity (or intensity), onset, duration, location, and previous history of pain.

Pain is not static; it may change often due to multiple factors. For this reason, pain assessments should be done frequently, on a regular basis, and clearly and completely documented. The nurse should not wait for a patient's complaint to institute further assessment. It is essential to remember that the patient is the very best indicator of pain; pain is what the patient describes.

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Case: 1:17-md-02804-DAP Doc #: 2390-13 Filed: 08/14/19 371 of 373. PageID #: 394580.



Highlights of the 2001 Meeting of the American Academy of Pain Medicine

## The new JCAHO pain standards: Changing the culture of care

The recent development and release of national pain standards for accreditation of healthcare facilities addresses a long-standing need to improve pain management in these institutions. A noted pain specialist involved in the drafting process examines the new protocols and suggests how to overcome barriers to change and build institutional commitment to implementing the new standards.

With the recent adoption of new pain management standards by the Joint Commission on Accreditation of Healthcare Organizations (ICAHO), the healthcare industry is finally being called on to acknowledge the pervasive effects of pain on individuals and care systems and fundamentally change methods of care.

The new JCAHO pain standards are designed to change the mindset and culture of organizations being assessed, says June L. Dahl, PhD, professor of pharmacology at the University of Wisconsin Medical School and a member of the committee that drafted the measures. In order to gain or regain accreditation, healthcare facilities now must develop and implement policies that ensure assessment and appropriate treatment of pain during the patient's institutional care and in discharge planning.

"We focused on the Joint Commission to get at these institutional barriers, to influence practice by introducing pain management into the standards for assessing performance in the nation's healthcare facilities," explains Dr Dahl. JCAHO accredits 80% of US hospitals, which account for 96% of all inpatient admissions.

JCAHO's Standards Department developed the evidence-based standards in collaboration with Dr Dahl and associates from the University of Wisconsin Medical School with funding from the Robert Wood Johnson Foundation. Compliance scoring began in

Acknowledging her "preaching to the choir," Dr Dahl says pain specialists nonetheless should not lose sight of the impact of unrelieved pain on patients: loss of sleep and appetite, immobility, immune-system suppression, depression, anxiety, feelings of helplessness or hopelessness, suicide ideation, and potential loss of income and insurance. The financial impact on the healthcare system is enormous, too - chronic pain accounts for

greater total annual costs than other chronic conditions, including heart disease and diabetes (Fishman P et al. Health Aff [Millwood]. 1997;16[3]:239-247).

The most likely factors in the undertreatment of pain, says Dr Dahl, are systemic pain is often neither assessed nor included in treatment protocols, and pain assessment and management typically are low priorities in health care. Other systemic problems such as lack of accountability and fragmentation of care, inconsistent reimbursement policies for pain treatment, and concern that aggressive pain management will increase costs have been documented in the literature (Solovy A. Hosp Health Netw. 2000;74[11]:57-63).

#### The right to pain assessment and management

The JCAHO pain standards begin with the simple and powerful statement that "patients have the right to appropriate assessment and management of pain" (Table), which Dr Dahl believes should empower patients to expect and, if necessary, demand effective pain relief. Patients must first be assessed (screened) and asked whether they are experiencing pain symptoms, "Far too often patients have had



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#### Highlights of the new JCAHO pain standards

- Assess the nature and intensity of pain in all patients.
- Establish safe medication prescription and ordering procedures.
  - ✓ Ensure staff competency and orient new staff in pain assessment and management.
  - Monitor patients post-procedurally and reassess patient problems appropriately.
  - Educate patients on the role of pain management in treatment.
  - Address patients' needs for symptom management in the discharge planning process.
  - Collect data to monitor performance.

Adapted from: Solicity A. Pain management. Tools for implementing JCAHO's new standards, Hosp Health Netw. 2000;74(11):57-63.

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pain problems that were not recognized at all," she explains

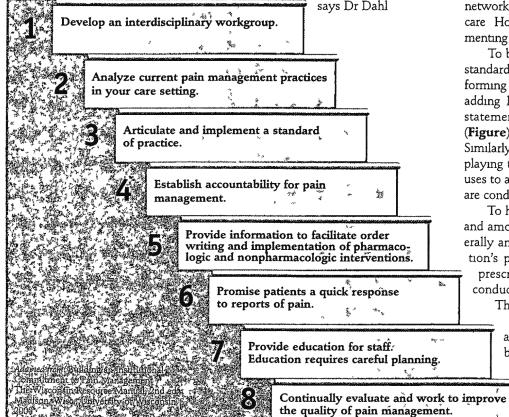
If pain is identified, a more comprehensive assessment is made to quantify its intensity and qualities (further assessment can be conducted if warranted) and the results recorded in a manner that facilitates regular reassessment and follow-up Patients can be treated within the institution or referred to another facility for treatment, according to the new standards

The assessment process should be simple enough to accommodate healthcare providers — in ambulatory care or behavioral healthcare settings, for example — who are unaccustomed to screening patients for pain, says Dr Dahl Similarly, the referral option for outside treatment is important for behavioral healthcare patients whose pain may significantly contribute to their depression, anxiety, or other psychiatric problems

New language also covers treatment of *symptoms* (eg, pain, nausea, or dyspnea) related to a specific disease, condition, or treatment

Treating physicians, in particular, should be made aware of this important distinction,

An 8-step process for institutionalizing pain management



The new standards require monitoring of postoperative patients for pain intensity and responsiveness to treatment Language in the standards covers the ordering, storage, prescription, and distribution of medications for all patients (including controlled substances) and states that institutions must have policies and procedures for the frequency of dosing medications Dr Dahl believes pain management advocates can use the latter standard as a powerful tool to prompt their colleagues to prescribe sufficient dosages of pain medications and help overcome fears about addiction

No less important is new language on patient education and discharge planning Patients are to be instructed that pain management is an integral part of their overall treatment and understand the common reasons why patients and families traditionally hesitate to report pain or use analgesics. Discharge planning must take into account the patient's symptom management as well as his or her physical, social, and emotional needs at home

#### Strategies for implementation

JCAHO has incorporated the new standards into its 2000-2001 Standards Manuals for ambulatory care, behavioral health care, healthcare networks, home care, hospitals, and long-term care. However, the real test comes in implementing the standards

To begin implementing pain management standards on a practical level, Dr Dahl suggests forming an interdisciplinary work group and adding language to the institution's mission statement or patient/family bill of rights (**Figure**) for posting in patient rooms Similarly, she recommends enlarging and displaying the pain intensity scale the institution uses to assess pain in areas where assessments are conducted or in all hospital rooms

To help hospital staff determine the type and amount of pain medications needed generally and for postoperative pain, the institution's pharmacy department can review its prescribing records and patient charts and conduct patient satisfaction surveys

The pain standards, supported by data compiled over the past 30 years, apparently are the first solely evidence-based standards ever issued by

JCAHO, according to Dr Dahl